

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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 8/2/2021 3:24 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 8/2/2021 Time: 3:24 pm
 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: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN 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 COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 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) HOLLY MILLARD
 Officer or Administrator of Provider(s)

NETWORK SVP OF FINANCE
 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	115,316	-549,863	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	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	115,316	-549,863	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:24 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:							1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION			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		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		COMMUNITY HEALTH NETWORK, INC.		150074	26900	1	07/01/1966	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)						01/01/2020	12/31/2020		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		Y	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.			7,036	736	0	64	28,795	47		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:24 pm			
		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.					2		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	10/01/2020	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)					Y	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	N	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.			N				60.00	

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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)	Y			32.85	29.67	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.	FAMILY MEDICINE	1350		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)			0.17	3.25	0.049708	64.00

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	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)	FAMILY MEDICINE	1350	3.92	25.07	0.135219		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)			1.97	12.17	0.139321		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 PRACTICE	1350	6.81	25.90	0.208193		67.00
				1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
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)				N	N	0	71.00
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.				N			75.00
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)				N	N	0	76.00

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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.		Y	N	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.		Y	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.		Y	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.		Y	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.		Y	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)		N		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)		N		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.		N	N	N	N	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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:24 pm
		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		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		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:	2,505,868	0	0118.01
		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.	N		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	HB0720	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:24 pm																																																																																	
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: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN		Contractor's Number: 08101		141.00																																																																																	
142.00	Street: 1500 N RITTER	PO Box: SERVICES				142.00																																																																																	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095		143.00																																																																																	
144.00 Are provider based physicians' costs included in Worksheet A? 1.00 2.00																																																																																							
Y																																																																																							
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 2.00																																																																																							
Y																																																																																							
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.						146.00																																																																																
N																																																																																							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 1.00 2.00																																																																																							
N																																																																																							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 1.00 2.00																																																																																							
N																																																																																							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. 1.00 2.00																																																																																							
N																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Part A</th> <th>Part B</th> <th>Title V</th> <th>Title XIX</th> <th colspan="2"></th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="8">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)</td> </tr> <tr> <td>155.00</td> <td>Hospital</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">155.00</td> </tr> <tr> <td>156.00</td> <td>Subprovider - IPF</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">156.00</td> </tr> <tr> <td>157.00</td> <td>Subprovider - IRF</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">157.00</td> </tr> <tr> <td>158.00</td> <td>SUBPROVIDER</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2">158.00</td> </tr> <tr> <td>159.00</td> <td>SNF</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">159.00</td> </tr> <tr> <td>160.00</td> <td>HOME HEALTH AGENCY</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">160.00</td> </tr> <tr> <td>161.00</td> <td>CMHC</td> <td></td> <td>N</td> <td>N</td> <td>N</td> <td colspan="2">161.00</td> </tr> </tbody> </table>										Part A	Part B	Title V	Title XIX					1.00	2.00	3.00	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	
		Part A	Part B	Title V	Title XIX																																																																																		
		1.00	2.00	3.00	4.00																																																																																		
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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																																																																																	
165.00 Multi campus 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. 1.00 2.00																																																																																							
N																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Name</th> <th>County</th> <th>State</th> <th>Zip Code</th> <th>CBSA</th> <th>FTE/Campus</th> <th colspan="2"></th> </tr> <tr> <th colspan="2"></th> <th>0</th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>166.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.00</td> <td colspan="2">166.00</td> </tr> </tbody> </table>										Name	County	State	Zip Code	CBSA	FTE/Campus					0	1.00	2.00	3.00	4.00	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	166.00																																																			
		Name	County	State	Zip Code	CBSA	FTE/Campus																																																																																
		0	1.00	2.00	3.00	4.00	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	166.00																																																																															
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. 1.00 2.00																																																																																							
Y																																																																																							
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)						0.00 169.00																																																																																
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy) 1.00 2.00																																																																																							
N																																																																																							
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)						0 171.00																																																																																
N																																																																																							

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 3:24 pm	
		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				
		1.00	2.00				
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				
		1.00	2.00				
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		03/25/2021		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.	Y					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.	Y					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					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			16.00
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	07/01/2021	Y	07/01/2021		17.00
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			18.00
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			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-2
Part II
Date/Time Prepared:
8/2/2021 3:24 pm

		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					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.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					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.					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					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					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.					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.					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.					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.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					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.					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.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					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.	SHIRLEY		BI SHOP		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 3:24 pm
		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.	NETWORK DIRECTOR OF REIMBURSEMENT		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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 3:24 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	280	100,972	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)		280	100,972	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	68	21,576	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	18	6,588	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		366	129,136	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	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		366				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)		0	0			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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 3:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	13,753	6,771	69,845			1.00
2.00 HMO and other (see instructions)	13,931	28,440				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)	13,753	6,771	69,845			7.00
8.00 INTENSIVE CARE UNIT	3,549	0	12,316			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	2,085			12.00
13.00 NURSERY		1,420	1,682			13.00
14.00 Total (see instructions)	17,302	8,191	85,928	46.84	2,819.79	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)			220			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				46.84	2,819.79	27.00
28.00 Observation Bed Days		1,623	5,647			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			629			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	47	390			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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 3:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	3,742	1,252	18,166	1.00
2.00 HMO and other (see instructions)			2,860	5,545		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
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	3,742	1,252	18,166	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	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 3:24 pm

	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	208,114,908	-1,066,784	207,048,124	5,829,331.00	35.52
2.00	Non-physician anesthetist Part A		534,908	0	534,908	4,390.00	121.85
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
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	4,103,572	-3,480	4,100,092	133,946.00	30.61
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
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)		4,128,577	-19,771	4,108,806	169,901.00	24.18
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,633,995	0	4,633,995	47,859.00	96.83
12.00	Contract labor: Top level management and other management and administrative services		2,701,178	0	2,701,178	14,079.00	191.86
13.00	Contract Labor: Physician-Part A - Administrative		3,266,278	0	3,266,278	25,486.00	128.16
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		56,097,161	0	56,097,161	1,300,348.00	43.14
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		2,105,452	0	2,105,452	17,049.00	123.49
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)		52,899,544	0	52,899,544		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,489,163	0	1,489,163		
20.00	Non-physician anesthetist Part A		42,438	0	42,438		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		963,148	0	963,148		
25.50	Home office wage-related (core)		11,013,538	0	11,013,538		
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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 3:24 pm

	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	212,587	0	212,587	3,992.00	53.25	26.00
27.00	Administrative & General	20,120,000	-44,665	20,075,335	436,636.00	45.98	27.00
28.00	Administrative & General under contract (see inst.)	16,393,247	0	16,393,247	144,387.00	113.54	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,960,849	-23,976	2,936,873	108,809.00	26.99	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	3,180,838	-24,588	3,156,250	182,440.00	17.30	32.00
33.00	Housekeeping under contract (see instructions)	571,588	0	571,588	13,253.00	43.13	33.00
34.00	Dietary	2,246,971	-1,605,828	641,143	36,209.00	17.71	34.00
35.00	Dietary under contract (see instructions)	497,714	0	497,714	10,400.00	47.86	35.00
36.00	Cafeteria	189,434	1,589,303	1,778,737	98,835.00	18.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,167,874	-25,336	2,142,538	66,581.00	32.18	38.00
39.00	Central Services and Supply	448,143	-4,186	443,957	17,655.00	25.15	39.00
40.00	Pharmacy	6,908,181	-31,384	6,876,797	164,596.00	41.78	40.00
41.00	Medical Records & Medical Records Library	655,844	-3,605	652,239	16,191.00	40.28	41.00
42.00	Social Service	1,783,772	-5,923	1,777,849	45,370.00	39.19	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part III
Date/Time Prepared:
8/2/2021 3:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	220,938,977	-1,063,304	219,875,673	5,859,035.00	37.53	1.00
2.00	Excluded area salaries (see instructions)	4,128,577	-19,771	4,108,806	169,901.00	24.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	216,810,400	-1,043,533	215,766,867	5,689,134.00	37.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	68,804,064	0	68,804,064	1,404,821.00	48.98	4.00
5.00	Subtotal wage-related costs (see inst.)	63,913,082	0	63,913,082	0.00	29.62	5.00
6.00	Total (sum of lines 3 thru 5)	349,527,546	-1,043,533	348,484,013	7,093,955.00	49.12	6.00
7.00	Total overhead cost (see instructions)	58,337,042	-180,188	58,156,854	1,345,354.00	43.23	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,495,029	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)		660,452	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		6,111,917	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)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		18,488,570	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,739,669	9.00
10.00	Dental, Hearing and Vision Plan		156,138	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		6,055,266	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)		2,041,343	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		19,532	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		14,389,550	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		0	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		236,828	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		55,394,294	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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 8/2/2021 3:24 pm
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	4,633,995	55,394,294	1.00
2.00	Hospital	4,633,995	53,905,131	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,489,163	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 8/2/2021 3:24 pm
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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)		0.227426	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		141,360,303	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		-6,156,588	5.00	
6.00	Medicaid charges		532,394,656	6.00	
7.00	Medicaid cost (line 1 times line 6)		121,080,387	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)		0	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)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	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)		0	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)		0	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)	38,410,754	3,885,663	42,296,417	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,735,604	3,885,663	12,621,267	21.00
22.00	Payments received from patients for amounts previously written off as charity care	22,599	0	22,599	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,713,005	3,885,663	12,598,668	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)			37,069,769	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			937,058	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,441,627	27.01
28.00	Non-Medicare bad debt expense (see instructions)			35,628,142	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,607,335	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			21,206,003	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			21,206,003	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet A	
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	
91.00	09100	EMERGENCY	8,686,783	6,529,746	15,216,529	-1,004,761	14,211,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	203,986,331	549,249,488	753,235,819	1,479,554	754,715,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	231	231	-231	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	428,613	136,430	565,043	0	565,043	194.02
194.03	07953	SCHOOL BASED CLINICS	44,448	159,924	204,372	0	204,372	194.03
194.04	07954	SMO-NON PROVIDER BASED	444,108	156,557	600,665	-1,568	599,097	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	2,403,746	2,504,105	4,907,851	-1,341,716	3,566,135	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	807,662	488,380	1,296,042	-136,039	1,160,003	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	208,114,908	552,695,115	760,810,023	0	760,810,023	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
8/2/2021 3:24 pm

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	-8,206,128	22,425,106	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,997,703	35,569,829	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,696,732	6,389,547	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-88,149,198	108,366,391	5.00
7.00	00700	OPERATION OF PLANT	546,833	13,999,279	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,315,400	8.00
9.00	00900	HOUSEKEEPING	0	5,233,675	9.00
10.00	01000	DIETARY	-18,648	1,418,228	10.00
11.00	01100	CAFETERIA	-1,772,059	2,121,038	11.00
13.00	01300	NURSING ADMINISTRATION	4,522,728	7,462,062	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,962,673	10,727,558	14.00
15.00	01500	PHARMACY	-75,102	10,398,881	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,461,363	5,795,855	16.00
17.00	01700	SOCIAL SERVICE	0	2,224,262	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,407,344	3,841,739	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,319,807	5,688,149	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-818,008	53,964,064	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,808,930	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,620,112	35.00
43.00	04300	NURSERY	0	710,663	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-517,359	16,499,017	50.00
51.00	05100	RECOVERY ROOM	0	747,578	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-881,480	3,119,850	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,999	4,030,556	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,065,527	55.00
57.00	05700	CT SCAN	0	2,980,784	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	722,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	-225,224	5,880,025	59.00
60.00	06000	LABORATORY	15,496	14,334,444	60.00
64.00	06400	INTRAVENOUS THERAPY	-29,462	1,706,846	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,590,308	65.00
66.00	06600	PHYSICAL THERAPY	-73,376	5,168,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,875,427	67.00
68.00	06800	SPEECH PATHOLOGY	0	783,599	68.00
69.00	06900	ELECTROCARDIOLOGY	-54,402	2,825,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,650	766,917	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,398,728	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,685,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,695,526	125,355,683	73.00
74.00	07400	RENAL DIALYSIS	0	1,721,255	74.00
76.00	03330	ENDOSCOPY	0	581,150	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-32,709,382	6,567,786	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-9,543,104	4,536,261	76.03
76.04	03952	WOUND CARE CENTER	0	2,452,797	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	-16,101,453	30,823,075	76.05
76.06	03953	IMAGING CENTERS	-33	5,323,251	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	2,077,899	76.07
76.97	07697	CARDIAC REHABILITATION	-5,741	853,442	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	420,106	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-1,018,384	1,075,481	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPINE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	448,985	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-140,490	3,842,316	90.07
90.08	09004	PALLIATIVE CARE	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	2,802,244	17,014,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-123,359,235	631,356,138	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	565,043	194.02
194.03	07953 SCHOOL BASED CLINICS	0	204,372	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	599,097	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	3,566,135	194.05
194.07	07957 LI FE CHECK	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	1,160,003	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-123,359,235	637,450,788	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
8/2/2021 3:24 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,398,728	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
	TOTALS		0	23,398,728	
B - Implantable Device Recl ass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	25,685,689	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
	TOTALS		0	25,685,689	
C - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	123,660,157	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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
TOTALS			0	123,660,157		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	29,188,943	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	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
TOTALS			0	29,188,943		
E - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,057,537	1.00	
TOTALS			0	16,057,537		
F - Other Capital Rental						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,443,125	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	

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
8/2/2021 3:24 pm

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
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			
39.00		0.00	0	0		39.00			
40.00		0.00	0	0		40.00			
TOTALS			0	10,443,125					
G - STD BENEFIT									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	44,665		1.00			
2.00	OPERATION OF PLANT	7.00	0	23,976		2.00			
3.00	HOUSEKEEPING	9.00	0	24,588		3.00			
4.00	DIETARY	10.00	0	14,350		4.00			
5.00	CAFETERIA	11.00	0	2,175		5.00			
6.00	NURSING ADMINISTRATION	13.00	0	25,336		6.00			
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,186		7.00			
8.00	PHARMACY	15.00	0	31,384		8.00			
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,605		9.00			
10.00	SOCIAL SERVICE	17.00	0	5,923		10.00			
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,480		11.00			
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	37,606		12.00			
13.00	ADULTS & PEDIATRICS	30.00	0	240,519		13.00			
14.00	INTENSIVE CARE UNIT	31.00	0	58,408		14.00			
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	14,671		15.00			
16.00	OPERATING ROOM	50.00	0	41,224		16.00			
17.00	RECOVERY ROOM	51.00	0	4,424		17.00			
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,587		18.00			
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,612		19.00			
20.00	CT SCAN	57.00	0	9,532		20.00			
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	251		21.00			
22.00	CARDIAC CATHETERIZATION	59.00	0	23,730		22.00			
23.00	INTRAVENOUS THERAPY	64.00	0	255		23.00			
24.00	RESPIRATORY THERAPY	65.00	0	30,298		24.00			
25.00	PHYSICAL THERAPY	66.00	0	24,572		25.00			
26.00	ELECTROCARDIOLOGY	69.00	0	12,302		26.00			
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	895		27.00			
28.00	ENDOSCOPY	76.00	0	2,924		28.00			
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	94,167		29.00			
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	65,331		30.00			
31.00	WOUND CARE CENTER	76.04	0	2,260		31.00			
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	90,556		32.00			
33.00	IMAGING CENTERS	76.06	0	17,181		33.00			
34.00	CARDIAC REHABILITATION	76.97	0	3,528		34.00			
35.00	HEALTHY HEARTS CENTER	90.02	0	7,497		35.00			
36.00	KNEE CENTER	90.07	0	123		36.00			
37.00	EMERGENCY	91.00	0	50,892		37.00			
38.00	SCHOOL BASED CLINICS	194.03	0	1,821		38.00			
39.00	FAMILY PRACTICE MEDICINE	194.05	0	10,217		39.00			
40.00	GROUP HOMES AND MIS. N_R CTRS	194.08	0	7,733		40.00			
TOTALS			0	1,066,784					
H - Labor and Delivery									
1.00	NURSERY	43.00	483,338	227,325		1.00			
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,797,370	845,346		2.00			
TOTALS			2,280,708	1,072,671					
I - Cafeteria Recl									
1.00	CAFETERIA	11.00	1,591,478	1,898,785		1.00			
TOTALS			1,591,478	1,898,785					

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
8/2/2021 3:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	1,295,668	579,759	1.00
2.00	SPEECH PATHOLOGY	68.00	541,362	242,237	2.00
	TOTALS		1,837,030	821,996	
K - Building Depreci ation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,059,942	1.00
	TOTALS		0	14,059,942	
L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	513,755	1.00
	TOTALS		0	513,755	
M - Radiology Support					
1.00	RADIOLOGY-THERAPEUTIC	55.00	237,722	68,005	1.00
2.00	CT SCAN	57.00	105,381	30,146	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	15,947	4,562	3.00
4.00	IMAGING CENTERS	76.06	75,003	21,456	4.00
	TOTALS		434,053	124,169	
N - Hyperbaric Oxygen Therapy					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	114,018	306,088	1.00
	TOTALS		114,018	306,088	
O - IHH Cat Scan					
1.00	CT_SCAN	57.00	633,493	172,970	1.00
	TOTALS		633,493	172,970	
500.00	Grand Total : Increases		6,890,780	248,471,339	500.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

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			
A - Chargeable Medical Supplies							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	107,372	0		1.00
2.00	OPERATION OF PLANT	7.00	0	151,984	0		2.00
3.00	DIETARY	10.00	0	520	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	98,740	0		4.00
5.00	PHARMACY	15.00	0	163,182	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	828,782	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	661,392	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	23,005	0		8.00
9.00	OPERATING ROOM	50.00	0	6,120,206	0		9.00
10.00	RECOVERY ROOM	51.00	0	18,693	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	146,316	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	532,382	0		12.00
13.00	CT SCAN	57.00	0	88,850	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,726	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	11,725,204	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	28,279	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	583,290	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	5,015	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	18,266	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,684	0		20.00
21.00	ENDOSCOPY	76.00	0	150,277	0		21.00
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	487	0		22.00
23.00	LUTHERWOOD PARTNERSHIP	76.03	0	20,026	0		23.00
24.00	WOUND CARE CENTER	76.04	0	131,727	0		24.00
25.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	403,373	0		25.00
26.00	IMAGING CENTERS	76.06	0	718,514	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	4,848	0		27.00
28.00	HEALTHY HEARTS CENTER	90.02	0	15,444	0		28.00
29.00	INFUSION CENTERS	90.05	0	44,681	0		29.00
30.00	KNEE CENTER	90.07	0	1,297	0		30.00
31.00	EMERGENCY	91.00	0	576,514	0		31.00
32.00	SMO-NON PROVIDER BASED	194.04	0	38	0		32.00
33.00	FAMILY PRACTICE MEDICINE	194.05	0	2,614	0		33.00
TOTALS			0	23,398,728			
B - Implantable Device Recl ass							
1.00	OPERATING ROOM	50.00	0	10,289,849	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	180,118	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	15,164,231	0		3.00
4.00	ENDOSCOPY	76.00	0	22,079	0		4.00
5.00	WOUND CARE CENTER	76.04	0	29,412	0		5.00
TOTALS			0	25,685,689			
C - Drugs Charges to Pat							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,655	0		1.00
2.00	DIETARY	10.00	0	163	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,944	0		3.00
4.00	PHARMACY	15.00	0	113,067,492	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	45,513	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	31,163	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	909	0		7.00
8.00	OPERATING ROOM	50.00	0	30,956	0		8.00
9.00	RECOVERY ROOM	51.00	0	199	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	237,076	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,812	0		11.00
12.00	CT SCAN	57.00	0	121,208	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	49,923	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	78,522	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	95	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	1,912	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	2,019	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	12,979	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	570	0		19.00
20.00	RENAL DIALYSIS	74.00	0	24	0		20.00
21.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	20,866	0		21.00
22.00	LUTHERWOOD PARTNERSHIP	76.03	0	24,241	0		22.00
23.00	WOUND CARE CENTER	76.04	0	21,400	0		23.00
24.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	553,992	0		24.00
25.00	IMAGING CENTERS	76.06	0	92,979	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	5	0		26.00
27.00	INFUSION CENTERS	90.05	0	8,962,647	0		27.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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To 12/31/2020

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
28.00	KNEE CENTER	90.07	0	4,993	0	28.00	
29.00	EMERGENCY	91.00	0	20,790	0	29.00	
30.00	SMO-NON PROVIDER BASED	194.04	0	1,530	0	30.00	
31.00	FAMILY PRACTICE MEDICINE	194.05	0	268,338	0	31.00	
32.00	GROUP HOMES AND MIS. N_R	194.08	0	242	0	32.00	
	CTRS						
	TOTALS		0	123,660,157			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	737	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,959,201	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	618,238	0	3.00	
4.00	HOUSEKEEPING	9.00	0	9,168	0	4.00	
5.00	DIETARY	10.00	0	212,916	0	5.00	
6.00	CAFETERIA	11.00	0	12,184	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	38,530	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	118,074	0	8.00	
9.00	PHARMACY	15.00	0	109,335	0	9.00	
10.00	I&R SERVICES-OTHER PRGM	22.00	0	66,932	0	10.00	
	COSTS APPRVD						
11.00	ADULTS & PEDIATRICS	30.00	0	1,305,315	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	1,037,139	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	31,101	0	13.00	
14.00	OPERATING ROOM	50.00	0	1,880,658	0	14.00	
15.00	RECOVERY ROOM	51.00	0	117,551	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	742,352	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	26,644	0	17.00	
18.00	CT SCAN	57.00	0	675,214	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING	58.00	0	721,651	0	19.00	
	(MRI)						
20.00	CARDIAC CATHETERIZATION	59.00	0	948,266	0	20.00	
21.00	LABORATORY	60.00	0	64,654	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	5,224	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	96,130	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	81,747	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	338,535	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	126,479	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	503	0	27.00	
28.00	ENDOSCOPY	76.00	0	76,607	0	28.00	
29.00	PSYCHIATRIC/PSYCHOLOGICAL	76.01	0	274,839	0	29.00	
	SERVICES						
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	122,522	0	30.00	
31.00	WOUND CARE CENTER	76.04	0	6,984	0	31.00	
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	4,413,097	0	32.00	
33.00	IMAGING CENTERS	76.06	0	1,034,983	0	33.00	
34.00	BREAST DIAGNOSTIC CENTER	76.07	0	587	0	34.00	
35.00	CARDIAC REHABILITATION	76.97	0	30,552	0	35.00	
36.00	HEALTHY HEARTS CENTER	90.02	0	17,120	0	36.00	
37.00	INFUSION CENTERS	90.05	0	52,762	0	37.00	
38.00	KNEE CENTER	90.07	0	184,625	0	38.00	
39.00	EMERGENCY	91.00	0	406,727	0	39.00	
40.00	FAMILY PRACTICE MEDICINE	194.05	0	172,184	0	40.00	
41.00	GROUP HOMES AND MIS. N_R	194.08	0	50,876	0	41.00	
	CTRS						
	TOTALS		0	29,188,943			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,057,537	11	1.00	
	TOTALS		0	16,057,537			
F - Other Capital Rental							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,672	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,385,407	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	205,635	0	3.00	
4.00	HOUSEKEEPING	9.00	0	29,574	0	4.00	
5.00	DIETARY	10.00	0	4,095	0	5.00	
6.00	CAFETERIA	11.00	0	12,281	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	855	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,842,046	0	8.00	
9.00	PHARMACY	15.00	0	709,876	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	160	0	10.00	
11.00	I&R SERVICES-SALARY &	21.00	0	2,250	0	11.00	
	FRI NGES APPRVD						
12.00	I&R SERVICES-OTHER PRGM	22.00	0	3,837	0	12.00	
	COSTS APPRVD						
13.00	ADULTS & PEDIATRICS	30.00	0	320,614	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	266	0	14.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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To 12/31/2020

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		
15.00	OPERATING ROOM	50.00	0	323,810	0	15.00	
16.00	RECOVERY ROOM	51.00	0	393	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,837	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	80	0	18.00	
19.00	CT SCAN	57.00	0	80	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	319	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,909	0	21.00	
22.00	LABORATORY	60.00	0	53,213	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	878	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	1,148,273	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	177,934	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,459	0	26.00	
27.00	ENDOSCOPY	76.00	0	77,750	0	27.00	
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,616,430	0	28.00	
29.00	LUTHERWOOD PARTNERSHIP	76.03	0	24,687	0	29.00	
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	410,651	0	30.00	
31.00	IMAGING CENTERS	76.06	0	449,569	0	31.00	
32.00	BREAST DIAGNOSTIC CENTER	76.07	0	49,397	0	32.00	
33.00	CARDIAC REHABILITATION	76.97	0	136,625	0	33.00	
34.00	HEALTHY HEARTS CENTER	90.02	0	161,878	0	34.00	
35.00	INFUSION CENTERS	90.05	0	213,143	0	35.00	
36.00	KNEE CENTER	90.07	0	2,780	0	36.00	
37.00	EMERGENCY	91.00	0	730	0	37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	231	0	38.00	
39.00	FAMILY PRACTICE MEDICINE	194.05	0	898,580	0	39.00	
40.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	84,921	0	40.00	
TOTALS			0	10,443,125			
G - STD BENEFIT							
1.00	ADMINISTRATIVE & GENERAL	5.00	44,665	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	23,976	0	0	2.00	
3.00	HOUSEKEEPING	9.00	24,588	0	0	3.00	
4.00	DIETARY	10.00	14,350	0	0	4.00	
5.00	CAFETERIA	11.00	2,175	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	25,336	0	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	4,186	0	0	7.00	
8.00	PHARMACY	15.00	31,384	0	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	3,605	0	0	9.00	
10.00	SOCIAL SERVICE	17.00	5,923	0	0	10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,480	0	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	37,606	0	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	240,519	0	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	58,408	0	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	14,671	0	0	15.00	
16.00	OPERATING ROOM	50.00	41,224	0	0	16.00	
17.00	RECOVERY ROOM	51.00	4,424	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	26,587	0	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	3,612	0	0	19.00	
20.00	CT SCAN	57.00	9,532	0	0	20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	251	0	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	23,730	0	0	22.00	
23.00	INTRAVENOUS THERAPY	64.00	255	0	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	30,298	0	0	24.00	
25.00	PHYSICAL THERAPY	66.00	24,572	0	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	12,302	0	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	895	0	0	27.00	
28.00	ENDOSCOPY	76.00	2,924	0	0	28.00	
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	94,167	0	0	29.00	
30.00	LUTHERWOOD PARTNERSHIP	76.03	65,331	0	0	30.00	
31.00	WOUND CARE CENTER	76.04	2,260	0	0	31.00	
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	90,556	0	0	32.00	
33.00	IMAGING CENTERS	76.06	17,181	0	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	3,528	0	0	34.00	
35.00	HEALTHY HEARTS CENTER	90.02	7,497	0	0	35.00	
36.00	KNEE CENTER	90.07	123	0	0	36.00	
37.00	EMERGENCY	91.00	50,892	0	0	37.00	
38.00	SCHOOL BASED CLINICS	194.03	1,821	0	0	38.00	
39.00	FAMILY PRACTICE MEDICINE	194.05	10,217	0	0	39.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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To 12/31/2020

Worksheet A-6

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
40.00	GROUP HOMES AND MISC. N_R	194.08	7,733	0	0	40.00
	CTRS					
	TOTALS		1,066,784	0		
H - Labor and Delivery						
1.00	ADULTS & PEDIATRICS	30.00	2,280,708	1,072,671	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		2,280,708	1,072,671		
I - Cafeteria Recl ass						
1.00	DIETARY	10.00	1,591,478	1,898,785	0	1.00
	TOTALS		1,591,478	1,898,785		
J - Therapy Recl ass						
1.00	PHYSICAL THERAPY	66.00	1,837,030	821,996	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,837,030	821,996		
K - Building Depreciation						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,059,942	9	1.00
	TOTALS		0	14,059,942		
L - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	513,755	12	1.00
	TOTALS		0	513,755		
M - Radiology Support						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	434,053	124,169	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		434,053	124,169		
N - Hyperbaric Oxygen Therapy						
1.00	WOUND CARE CENTER	76.04	114,018	306,088	0	1.00
	TOTALS		114,018	306,088		
O - IHH Cat Scan						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	633,493	172,970	0	1.00
	TOTALS		633,493	172,970		
500.00	Grand Total: Decreases		7,957,564	247,404,555		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part I
Date/Time Prepared:
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	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	2,743,049	0	0	0	1.00
2.00	Land Improvements	4,209,543	0	0	0	2.00
3.00	Buildings and Fixtures	489,131,131	44,006,718	0	44,006,718	3.00
4.00	Building Improvements	11,166,075	440,762	0	440,762	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	216,513,907	8,196,743	0	8,196,743	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	723,763,705	52,644,223	0	52,644,223	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	723,763,705	52,644,223	0	52,644,223	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,743,049	0			1.00
2.00	Land Improvements	4,209,543	0			2.00
3.00	Buildings and Fixtures	517,411,040	0			3.00
4.00	Building Improvements	11,643,584	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	218,153,931	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	754,161,147	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	754,161,147	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part II
Date/Time Prepared:
8/2/2021 3:24 pm

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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part III
Date/Time Prepared:
8/2/2021 3:24 pm

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	536,007,216	0	536,007,216	0.710733	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	218,153,931	0	218,153,931	0.289267	0	2.00
3.00	Total (sum of lines 1-2)	754,161,147	0	754,161,147	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 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	14,059,942	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	25,126,704	10,443,125	2.00
3.00	Total (sum of lines 1-2)	0	0	0	39,186,646	10,443,125	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 cols. 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	7,851,409	513,755	0	0	22,425,106	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	35,569,829	2.00
3.00	Total (sum of lines 1-2)	7,851,409	513,755	0	0	57,994,935	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
8/2/2021 3:24 pm

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
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
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)	B	-6,353		ADMINISTRATIVE & GENERAL	5.00	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	-858,627				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	18,038,963				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,645,712		CAFETERIA	11.00	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
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
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 Space Rental Income	B	-28,344		ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
8/2/2021 3:24 pm

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.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 Space Rental Income	B	-482,230	OPERATION OF PLANT		7.00	0 33.01
33.02 Investment Income	B	-11,143,975	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 Misc Revenue	B	-4,487	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.03
33.04 Misc Revenue	B	-158,786	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05 Misc Revenue	B	-706,766	OPERATION OF PLANT		7.00	0 33.05
33.06 Misc Revenue	B	-18,648	DIETARY		10.00	0 33.06
33.07 Misc Revenue	B	-99,174	PHARMACY		15.00	0 33.07
33.08 Misc Revenue	B	-3,000	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.08
33.09 Misc Revenue	B	-135,709	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10 Misc Revenue	B	-79	CARDIAC CATHETERIZATION		59.00	0 33.10
33.11 Misc Revenue	B	-53,014	PHYSICAL THERAPY		66.00	0 33.11
33.12 Misc Revenue	B	-106	ELECTROCARDIOLOGY		69.00	0 33.12
33.13 Misc Revenue	B	-7,098,274	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 33.13
33.14 Misc Revenue	B	-50,299	ONCOLOGY-CANCER CARE CENTER		76.05	0 33.14
33.15 Misc Revenue	B	-33	IMAGING CENTERS		76.06	0 33.15
33.16 Misc Revenue	B	-5,741	CARDIAC REHABILITATION		76.97	0 33.16
33.17 Misc Revenue	B	-4,000	KNEE CENTER		90.07	0 33.17
34.00 HAF Tax Offset	A	-26,044,423	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 Loss on Assets	A	-8,449	ADMINISTRATIVE & GENERAL		5.00	0 34.01
34.02 Loss on Assets	A	-2,507	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 34.02
34.03 Sponsorship	A	-2,389	ADMINISTRATIVE & GENERAL		5.00	0 34.03
34.04 Sponsorship	A	-333	ADULTS & PEDIATRICS		30.00	0 34.04
34.05 Sponsorship	A	-300	PHYSICAL THERAPY		66.00	0 34.05
34.06 Sponsorship	A	-821	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 34.06
34.07 Sponsorship	A	-5,725	ONCOLOGY-CANCER CARE CENTER		76.05	0 34.07
34.08 APP	A	-362,879	ADULTS & PEDIATRICS		30.00	0 34.08
34.09 APP	A	-516,038	OPERATING ROOM		50.00	0 34.09
34.10 APP	A	-1,017,669	HEALTHY HEARTS CENTER		90.02	0 34.10
34.11 APP	A	-114,528	KNEE CENTER		90.07	0 34.11
35.00 Bad Debt	A	-28,021,414	ADMINISTRATIVE & GENERAL		5.00	0 35.00
35.01 Bad Debt	A	-389	PHARMACY		15.00	0 35.01
35.02 Bad Debt	A	-220,498	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 35.02
35.03 Bad Debt	A	-435,378	ADULTS & PEDIATRICS		30.00	0 35.03
35.04 Bad Debt	A	-1,321	OPERATING ROOM		50.00	0 35.04
35.05 Bad Debt	A	-29,462	INTRAVENOUS THERAPY		64.00	0 35.05
35.06 Bad Debt	A	-20,062	PHYSICAL THERAPY		66.00	0 35.06
35.07 Bad Debt	A	-1,636,931	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 35.07
35.08 Bad Debt	A	-5,347	LUTHERWOOD PARTNERSHIP		76.03	0 35.08
35.09 Bad Debt	A	-715	HEALTHY HEARTS CENTER		90.02	0 35.09
35.10 Bad Debt	A	-21,962	KNEE CENTER		90.07	0 35.10
35.11 Bad Debt	A	-1,338	EMERGENCY		91.00	0 35.11
36.00 CARDIAC CATH SHARED SERVICES	A	-225,145	CARDIAC CATHETERIZATION		59.00	0 36.00
36.01 TELEMERTY SHARED SERVICES TRUE UP	A	-54,296	ELECTROCARDIOLOGY		69.00	0 36.01
36.02 Non Allow Marketing Expense	A	-469,790	ADMINISTRATIVE & GENERAL		5.00	0 36.02
36.03 Pavillions	A	-929,907	ADMINISTRATIVE & GENERAL		5.00	0 36.03
36.04 Meals on Wheels Cost	A	-126,347	CAFETERIA		11.00	0 36.04
36.05 Debt Issuance Expense	A	43,582	ADMINISTRATIVE & GENERAL		5.00	0 36.05
36.06 LOC Non-Allow Interest Expense	A	-134,858	CAP REL COSTS-BLDG & FIXT		1.00	11 36.06
36.07 12A Non-Allow Interest Expense	A	-1,042,994	CAP REL COSTS-BLDG & FIXT		1.00	11 36.07
36.08 12B Non-Allow Interest Expense	A	-149,868	CAP REL COSTS-BLDG & FIXT		1.00	11 36.08
36.09 50 BMO Loan Non-Allow Interest Expense	A	-29,037	CAP REL COSTS-BLDG & FIXT		1.00	11 36.09
36.10 12B Non-Allow Interest Expense	A	-552,597	CAP REL COSTS-BLDG & FIXT		1.00	11 36.10
36.11 00 Non-Allow Interest Expense	A	-5,051,567	CAP REL COSTS-BLDG & FIXT		1.00	11 36.11
36.12 00 Non-Allow Interest Expense	A	-1,245,207	CAP REL COSTS-BLDG & FIXT		1.00	11 36.12
36.13 Gallahue Professional Fee	A	-23,981,052	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 36.13
36.14 Gallahue Professional Fee	A	-9,537,757	LUTHERWOOD PARTNERSHIP		76.03	0 36.14
36.15 OB Laborist Loss	A	-881,480	DELIVERY ROOM & LABOR ROOM		52.00	0 36.15
36.16 Anderson Cancer Center	A	-16,055,643	ONCOLOGY-CANCER CARE CENTER		76.05	0 36.16

Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8 Date/Time Prepared: 8/2/2021 3:24 pm
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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.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-123,359,235			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: 15-0074
 Period: From 01/01/2020 To 12/31/2020
 Worksheet A-8-1
 Date/Time Prepared: 8/2/2021 3:24 pm

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	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS & RESIDENTS	3,841,739	5,249,083 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	INTERNS & RESIDENTS	5,697,349	7,784,458 2.00
3.00	7.00	OPERATION OF PLANT	1400 N RITTER	185,243	143,466 3.00
3.01	15.00	PHARMACY	1400 N RITTER	108,462	84,001 3.01
3.02	60.00	LABORATORY	1400 N RITTER	68,709	53,213 3.02
3.03	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	60,528	46,878 3.03
3.04	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	198,011	153,354 3.04
3.05	76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	7250 CLEARVISTA	30,650	20,447 3.05
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	9,997,703	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	5,701,219	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	89,324,796	110,184,430 4.02
4.03	7.00	OPERATION OF PLANT	HOME OFFICE	1,694,052	0 4.03
4.04	13.00	NURSING ADMINISTRATION	HOME OFFICE	4,522,728	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	10,962,673	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4,461,363	0 4.06
4.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	241,887	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	127,710	0 4.08
4.09	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	1,695,526	0 4.09
4.10	76.05	ONCOLOGY-CANCER CARE CENTER	HOME OFFICE	0	34,443 4.10
4.11	91.00	EMERGENCY	HOME OFFICE	232,028	0 4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	68,806	0 4.12
4.13	91.00	EMERGENCY	CPN ED ON-CALL	2,571,554	0 4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			141,792,736	123,753,773 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.

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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	CHNW	100.00	0.00	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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
8/2/2021 3:24 pm

	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	-1,407,344	0		1.00
2.00	-2,087,109	0		2.00
3.00	41,777	0		3.00
3.01	24,461	0		3.01
3.02	15,496	0		3.02
3.03	13,650	0		3.03
3.04	44,657	0		3.04
3.05	10,203	0		3.05
4.00	9,997,703	9		4.00
4.01	5,701,219	0		4.01
4.02	-20,859,634	0		4.02
4.03	1,694,052	0		4.03
4.04	4,522,728	0		4.04
4.05	10,962,673	0		4.05
4.06	4,461,363	0		4.06
4.07	241,887	0		4.07
4.08	127,710	0		4.08
4.09	1,695,526	0		4.09
4.10	-34,443	0		4.10
4.11	232,028	0		4.11
4.12	68,806	0		4.12
4.13	2,571,554	0		4.13
5.00	18,038,963	0		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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
8/2/2021 3:24 pm

	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	5.00	ADMINISTRATIVE & GENERAL	675,976	395,910	280,066	211,500	864	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,200	9,200	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	261,305	261,305	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	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			946,481	666,415	280,066		864	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	5.00	ADMINISTRATIVE & GENERAL	87,854	4,393	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	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	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			87,854	4,393	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	5.00	ADMINISTRATIVE & GENERAL	0	87,854	192,212	588,122		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,200		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	261,305		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		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	87,854	192,212	858,627		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	22,425,106	22,425,106			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	35,569,829		35,569,829		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,389,547	210,557	24,648	6,624,752	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	108,366,391	976,376	13,132,548	642,993	123,118,308
7.00 00700	OPERATION OF PLANT	13,999,279	2,909,871	299,306	94,065	17,302,521
8.00 00800	LAUNDRY & LINEN SERVICE	1,315,400	0	0	0	1,315,400
9.00 00900	HOUSEKEEPING	5,233,675	322,787	35,661	101,092	5,693,215
10.00 01000	DIETARY	1,418,228	256,689	23,658	20,535	1,719,110
11.00 01100	CAFETERIA	2,121,038	677,717	177,997	56,971	3,033,723
13.00 01300	NURSING ADMINISTRATION	7,462,062	207,725	39,347	68,623	7,777,757
14.00 01400	CENTRAL SERVICES & SUPPLY	10,727,558	454,360	1,958,230	14,219	13,154,367
15.00 01500	PHARMACY	10,398,881	239,131	787,669	220,257	11,645,938
16.00 01600	MEDICAL RECORDS & LIBRARY	5,795,855	46,841	0	20,891	5,863,587
17.00 01700	SOCI AL SERVICE	2,224,262	22,486	160	56,943	2,303,851
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,841,739	0	2,248	131,322	3,975,309
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,688,149	120,500	70,701	196,608	6,075,958
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	53,964,064	2,987,552	1,004,052	1,237,471	59,193,139
31.00 03100	INTENSIVE CARE UNIT	12,808,930	1,766,721	915,846	299,905	15,791,402
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,620,112	76,123	31,071	36,770	1,764,076
43.00 04300	NURSERY	710,663	163,376	70,857	15,481	960,377
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,499,017	2,905,170	1,868,280	252,495	21,524,962
51.00 05100	RECOVERY ROOM	747,578	241,198	117,829	18,130	1,124,735
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,119,850	607,485	263,492	72,367	4,063,194
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,030,556	784,539	735,509	86,368	5,636,972
55.00 05500	RADIOLOGY-THERAPEUTIC	1,065,527	11,979	28,947	19,937	1,126,390
57.00 05700	CT SCAN	2,980,784	37,807	674,619	54,261	3,747,471
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	722,402	793	722,171	15,384	1,460,750
59.00 05900	CARDIAC CATHETERIZATION	5,880,025	416,639	770,301	99,014	7,165,979
60.00 06000	LABORATORY	14,334,444	122,171	109,493	0	14,566,108
64.00 06400	INTRAVENOUS THERAPY	1,706,846	9,940	5,219	19,830	1,741,835
65.00 06500	RESPIRATORY THERAPY	4,590,308	27,583	96,701	110,786	4,825,378
66.00 06600	PHYSICAL THERAPY	5,168,315	306,022	1,203,909	133,167	6,811,413
67.00 06700	OCCUPATIONAL THERAPY	1,875,427	94,814	17,579	41,499	2,029,319
68.00 06800	SPEECH PATHOLOGY	783,599	39,619	7,345	17,339	847,902
69.00 06900	ELECTROCARDIOLOGY	2,825,859	17,615	501,723	78,240	3,423,437
70.00 07000	ELECTROENCEPHALOGRAPHY	766,917	0	152,143	16,485	935,545
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,398,728	0	0	0	23,398,728
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	25,685,689	0	0	0	25,685,689
73.00 07300	DRUGS CHARGED TO PATIENTS	125,355,683	0	0	0	125,355,683
74.00 07400	RENAL DIALYSIS	1,721,255	7,703	0	0	1,728,958
76.00 03330	ENDOSCOPY	581,150	0	154,208	11,763	747,121
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,567,786	0	1,879,888	917,484	9,365,158
76.03 03951	LUTHERWOOD PARTNERSHIP	4,536,261	0	139,105	263,376	4,938,742
76.04 03952	WOUND CARE CENTER	2,452,797	140,267	5,888	24,021	2,622,973
76.05 03480	ONCOLOGY-CANCER CARE CENTER	30,823,075	2,460,609	3,852,836	506,197	37,642,717
76.06 03953	IMAGING CENTERS	5,323,251	88,754	1,473,012	96,827	6,981,844
76.07 03954	BREAST DIAGNOSTIC CENTER	2,077,899	160,006	49,349	0	2,287,254
76.97 07697	CARDIAC REHABILITATION	853,442	179,433	161,602	20,783	1,215,260
76.98 07698	HYPERBARIC OXYGEN THERAPY	420,106	25,941	1,089	3,652	450,788
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	1,075,481	93,172	165,735	51,613	1,386,001
90.03 09001	CLINIC	0	0	0	0	0
90.04 04953	SPI NE CENTER	0	0	0	0	0
90.05 04954	INFUSION CENTERS	448,985	0	245,757	9,684	704,426
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	3,842,316	424,795	22,168	61,705	4,350,984
90.08 09004	PALLIATIVE CARE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

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Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	17,014,012	1,624,726	389,127	276,599	19,304,464	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	631,356,138	22,267,592	34,389,023	6,493,152	629,886,218
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	231	0	231	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	565,043	0	0	13,728	578,771	194.02
194.03 07953 SCHOOL BASED CLINICS	204,372	0	0	1,365	205,737	194.03
194.04 07954 SMO-NON PROVIDER BASED	599,097	0	0	14,224	613,321	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	3,566,135	0	1,069,732	76,662	4,712,529	194.05
194.07 07957 LIFECHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,160,003	157,514	110,843	25,621	1,453,981	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	637,450,788	22,425,106	35,569,829	6,624,752	637,450,788

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part I Date/Time Prepared: 8/2/2021 3:24 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,118,308					5.00
7.00	00700	OPERATION OF PLANT	4,141,791	21,444,312				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	314,874	0	1,630,274			8.00
9.00	00900	HOUSEKEEPING	1,362,813	377,665	0	7,433,693		9.00
10.00	01000	DIETARY	411,512	300,329	0	105,976	2,536,927	10.00
11.00	01100	CAFETERIA	726,197	792,937	0	279,800	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,861,801	243,040	0	85,760	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,148,827	531,607	0	187,586	0	14.00
15.00	01500	PHARMACY	2,787,746	279,786	0	98,727	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,403,596	54,804	0	19,338	0	16.00
17.00	01700	SOCIAL SERVICE	551,484	26,309	0	9,283	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	951,590	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,454,432	140,986	0	49,749	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,169,358	3,495,465	743,353	1,233,430	2,139,634	30.00
31.00	03100	INTENSIVE CARE UNIT	3,780,067	2,067,082	201,210	729,402	380,783	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	422,276	89,065	0	31,428	0	35.00
43.00	04300	NURSERY	229,890	191,152	11,722	67,451	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,152,538	3,399,081	104,023	1,199,418	15,799	50.00
51.00	05100	RECOVERY ROOM	269,233	282,205	0	99,580	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	972,627	710,764	43,583	250,804	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,350	917,919	82,699	323,902	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	269,630	14,016	0	4,946	0	55.00
57.00	05700	CT SCAN	897,051	44,234	0	15,609	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349,667	928	0	327	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,715,356	487,472	33,944	172,012	0	59.00
60.00	06000	LABORATORY	3,486,762	142,941	0	50,439	0	60.00
64.00	06400	INTRAVENOUS THERAPY	416,952	11,630	0	4,104	711	64.00
65.00	06500	RESPIRATORY THERAPY	1,155,075	32,273	0	11,388	0	65.00
66.00	06600	PHYSICAL THERAPY	1,630,482	358,049	0	126,343	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	485,768	110,934	0	39,145	0	67.00
68.00	06800	SPEECH PATHOLOGY	202,967	46,355	0	16,357	0	68.00
69.00	06900	ELECTROCARDIOLOGY	819,485	20,610	0	7,272	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223,946	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,601,071	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,148,512	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,006,988	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	413,869	9,013	0	3,180	0	74.00
76.00	03330	ENDOSCOPY	178,842	0	5,178	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,241,785	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,182,211	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	627,874	164,114	24,892	57,910	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	9,010,725	2,878,939	57,603	1,015,878	0	76.05
76.06	03953	IMAGING CENTERS	1,671,279	103,843	0	36,643	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	547,511	187,209	0	66,060	0	76.07
76.97	07697	CARDIAC REHABILITATION	290,903	209,939	0	74,080	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	107,907	30,351	0	10,710	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	331,774	109,012	33,830	38,467	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	168,622	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1,041,517	497,014	0	175,379	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	4,621,006	1,900,947	288,237	670,779	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	121,307,539	21,260,019	1,630,274	7,368,662	2,536,927	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	55	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	138,543	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	49,248	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	146,814	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	1,128,062	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	348,047	184,293	0	65,031	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	123,118,308	21,444,312	1,630,274	7,433,693	2,536,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
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To 12/31/2020

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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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,832,657					11.00
13.00	01300	NURSING ADMINISTRATION	91,075	10,059,433				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,769	0	17,045,156			14.00
15.00	01500	PHARMACY	224,841	0	0	15,037,038		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,769	0	12	0	7,364,106	16.00
17.00	01700	SOCIAL SERVICE	62,614	0	115	0	0	17.00
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	273,224	0	2,103	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,306,351	5,516,463	175,905	0	491,658	30.00
31.00	03100	INTENSIVE CARE UNIT	341,531	1,442,213	79,793	0	155,619	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	45,537	0	7,321	0	44,745	35.00
43.00	04300	NURSERY	19,923	84,129	4,181	0	6,891	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	293,147	1,237,899	1,302,883	0	415,410	50.00
51.00	05100	RECOVERY ROOM	17,077	0	2,282	0	34,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,306	288,443	15,571	0	25,625	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,768	0	176	0	138,168	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,769	0	20,716	0	58,909	55.00
57.00	05700	CT SCAN	91,075	0	5,722	0	233,695	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,230	0	20	0	34,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	102,459	0	1,514,131	0	622,542	59.00
60.00	06000	LABORATORY	0	0	246,664	0	436,975	60.00
64.00	06400	INTRAVENOUS THERAPY	28,461	0	1,057	0	6,458	64.00
65.00	06500	RESPIRATORY THERAPY	119,536	0	16,774	0	82,493	65.00
66.00	06600	PHYSICAL THERAPY	71,152	0	10,716	0	47,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,691	0	2,191	0	15,037	67.00
68.00	06800	SPEECH PATHOLOGY	17,077	0	915	0	6,284	68.00
69.00	06900	ELECTROCARDIOLOGY	113,844	0	9,184	0	139,887	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,923	0	6,240	0	16,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,114,496	0	193,530	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	219,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,174,884	15,037,038	2,409,304	73.00
74.00	07400	RENAL DIALYSIS	0	0	335	0	19,704	74.00
76.00	03330	ENDOSCOPY	11,384	0	5,120	0	12,034	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	147,997	0	14,387	0	65,257	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	31,917	0	3,618	76.03
76.04	03952	WOUND CARE CENTER	31,307	0	19,026	0	34,590	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	600,525	0	118,398	0	589,550	76.05
76.06	03953	IMAGING CENTERS	0	0	10,362	0	161,398	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	13,541	76.07
76.97	07697	CARDIAC REHABILITATION	31,307	0	1,636	0	7,267	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,692	0	2,544	0	6,638	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	59,768	0	4,077	0	8,588	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	477	0	5,746	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	99,613	0	2,725	0	12,135	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	211	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	352,915	1,490,286	112,431	0	588,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

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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	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,832,657	10,059,433	17,037,487	15,037,038	7,364,106
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	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	99	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	845	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	36	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	6,689	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
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)	4,832,657	10,059,433	17,045,156	15,037,038	7,364,106

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description	INTERNS & RESIDENTS					EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER					
		Y & FRINGES	PRGM COSTS					
	17.00	21.00	22.00	23.00	23.01			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
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	2,953,656						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,926,899					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		7,996,452				22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0			0			23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0					0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0						23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0						23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	2,400,826	2,290,611	3,717,706	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	423,345	20,947	33,998	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	71,669	28,721	46,616	0	0	0	35.00
43.00 04300	NURSERY	57,816	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	184,297	299,118	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
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
57.00 05700	CT SCAN	0	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
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
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
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	54,454	88,379	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	94,245	152,962	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	265,370	430,700	0	0	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	76.03
76.04 03952	WOUND CARE CENTER	0	17,651	28,648	0	0	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.02
90.03 09001	CLINIC	0	0	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	0	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	27,824	45,158	0	0	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	0	0	90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
91.00 09100 EMERGENCY	0	149,225	242,194	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		2,953,656	3,133,345	5,085,479	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02	
194.03 07953 SCHOOL BASED CLINICS	0	36,496	59,234	0	0	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,720,858	2,792,985	0	0	194.05	
194.07 07957 LI FE CHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	36,200	58,754	0	0	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
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)		2,953,656	4,926,899	7,996,452	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH						23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH						23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0					23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	96,873,899	-6,008,317	90,865,582	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	25,447,392	-54,945	25,392,447	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,551,454	-75,337	2,476,117	35.00
43.00	04300	NURSERY	0	0	1,633,532	0	1,633,532	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	35,128,575	-483,415	34,645,160	50.00
51.00	05100	RECOVERY ROOM	0	0	1,829,133	0	1,829,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,438,917	0	6,438,917	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,508,954	0	8,508,954	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,517,376	0	1,517,376	55.00
57.00	05700	CT SCAN	0	0	5,034,857	0	5,034,857	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,860,884	0	1,860,884	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,813,895	0	11,813,895	59.00
60.00	06000	LABORATORY	0	0	18,929,889	0	18,929,889	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,211,208	0	2,211,208	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,242,917	0	6,242,917	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,055,156	0	9,055,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,725,085	0	2,725,085	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,137,857	0	1,137,857	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,676,552	-142,833	4,533,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,202,070	0	1,202,070	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	31,307,825	0	31,307,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	32,053,414	0	32,053,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	184,231,104	-247,207	183,983,897	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,175,059	0	2,175,059	74.00
76.00	03330	ENDOSCOPY	0	0	959,679	0	959,679	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	12,530,654	-696,070	11,834,584	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	6,156,488	0	6,156,488	76.03
76.04	03952	WOUND CARE CENTER	0	0	3,628,985	-46,299	3,582,686	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	51,914,335	0	51,914,335	76.05
76.06	03953	IMAGING CENTERS	0	0	8,965,369	0	8,965,369	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	3,101,575	0	3,101,575	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	1,830,392	0	1,830,392	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	614,630	0	614,630	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	1,971,517	0	1,971,517	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	879,271	0	879,271	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	6,252,349	-72,982	6,179,367	90.07
90.08	09004	PALLIATIVE CARE	0	0	211	0	211	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
91.00	09100	EMERGENCY	0	0	29,721,470	-391,419	29,330,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	623,113,929	-8,218,824	614,895,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	286	0	286	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	717,413	0	717,413	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	351,560	-95,730	255,830	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	760,135	0	760,135	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	10,354,470	-4,513,843	5,840,627	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	2,152,995	-94,954	2,058,041	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	637,450,788	-12,923,351	624,527,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	210,557	24,648	235,205	235,205 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	976,376	13,132,548	14,108,924	22,826 5.00
7.00 00700	OPERATION OF PLANT	50,198	2,909,871	299,306	3,259,375	3,339 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	322,787	35,661	358,448	3,589 9.00
10.00 01000	DIETARY	0	256,689	23,658	280,347	729 10.00
11.00 01100	CAFETERIA	0	677,717	177,997	855,714	2,022 11.00
13.00 01300	NURSING ADMINISTRATION	0	207,725	39,347	247,072	2,436 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	454,360	1,958,230	2,412,590	505 14.00
15.00 01500	PHARMACY	29,392	239,131	787,669	1,056,192	7,819 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	46,841	0	46,841	742 16.00
17.00 01700	SOCIAL SERVICE	0	22,486	160	22,646	2,021 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,248	2,248	4,662 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	120,500	70,701	191,201	6,979 22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0 23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0 23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,987,552	1,004,052	3,991,604	43,961 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,766,721	915,846	2,682,567	10,646 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	76,123	31,071	107,194	1,305 35.00
43.00 04300	NURSERY	0	163,376	70,857	234,233	550 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,905,170	1,868,280	4,773,450	8,963 50.00
51.00 05100	RECOVERY ROOM	0	241,198	117,829	359,027	644 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	607,485	263,492	870,977	2,569 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	784,539	735,509	1,520,048	3,066 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	11,979	28,947	40,926	708 55.00
57.00 05700	CT SCAN	0	37,807	674,619	712,426	1,926 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	793	722,171	722,964	546 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	416,639	770,301	1,186,940	3,515 59.00
60.00 06000	LABORATORY	18,619	122,171	109,493	250,283	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	9,940	5,219	15,159	704 64.00
65.00 06500	RESPIRATORY THERAPY	0	27,583	96,701	124,284	3,933 65.00
66.00 06600	PHYSICAL THERAPY	0	306,022	1,203,909	1,509,931	4,727 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	94,814	17,579	112,393	1,473 67.00
68.00 06800	SPEECH PATHOLOGY	0	39,619	7,345	46,964	616 68.00
69.00 06900	ELECTROCARDIOLOGY	0	17,615	501,723	519,338	2,777 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	16,402	0	152,143	168,545	585 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	7,703	0	7,703	0 74.00
76.00 03330	ENDOSCOPY	0	0	154,208	154,208	418 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,027	0	1,879,888	1,888,915	32,570 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	139,105	139,105	9,350 76.03
76.04 03952	WOUND CARE CENTER	0	140,267	5,888	146,155	853 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	53,658	2,460,609	3,852,836	6,367,103	17,970 76.05
76.06 03953	IMAGING CENTERS	0	88,754	1,473,012	1,561,766	3,437 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	160,006	49,349	209,355	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	179,433	161,602	341,035	738 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	25,941	1,089	27,030	130 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	93,172	165,735	258,907	1,832 90.02
90.03 09001	CLINIC	0	0	0	0	0 90.03
90.04 04953	SPINE CENTER	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	245,757	245,757	344 90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07 09003	KNEE CENTER	0	424,795	22,168	446,963	2,190 90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	0 90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	0 90.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	1,624,726	389,127	2,013,853	9,819	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	177,296	22,267,592	34,389,023	56,833,911	230,534	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	231	231	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	487	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	48	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	505	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	1,069,732	1,069,732	2,721	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	157,514	110,843	268,357	910	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	177,296	22,425,106	35,569,829	58,172,231	235,205	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,131,750				5.00
7.00	00700	OPERATION OF PLANT	475,404	3,738,118			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,142	0	36,142		8.00
9.00	00900	HOUSEKEEPING	156,427	65,834	0	584,298	9.00
10.00	01000	DIETARY	47,234	52,353	0	8,330	388,993 10.00
11.00	01100	CAFETERIA	83,355	138,223	0	21,993	0 11.00
13.00	01300	NURSING ADMINISTRATION	213,702	42,366	0	6,741	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	361,429	92,668	0	14,744	0 14.00
15.00	01500	PHARMACY	319,984	48,772	0	7,760	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161,108	9,553	0	1,520	0 16.00
17.00	01700	SOCIAL SERVICE	63,301	4,586	0	730	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	109,226	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	166,943	24,576	0	3,910	0 22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0 23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0 23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0 23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,626,391	609,320	16,479	96,947	328,076 30.00
31.00	03100	INTENSIVE CARE UNIT	433,885	360,329	4,461	57,332	58,386 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	48,470	15,526	0	2,470	0 35.00
43.00	04300	NURSERY	26,387	33,321	260	5,302	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	591,420	592,519	2,306	94,276	2,422 50.00
51.00	05100	RECOVERY ROOM	30,903	49,193	0	7,827	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,640	123,899	966	19,714	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,881	160,009	1,833	25,459	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,949	2,443	0	389	0 55.00
57.00	05700	CT SCAN	102,966	7,711	0	1,227	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,136	162	0	26	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	196,892	84,975	753	13,520	0 59.00
60.00	06000	LABORATORY	400,218	24,917	0	3,965	0 60.00
64.00	06400	INTRAVENOUS THERAPY	47,859	2,027	0	323	109 64.00
65.00	06500	RESPIRATORY THERAPY	132,582	5,626	0	895	0 65.00
66.00	06600	PHYSICAL THERAPY	187,150	62,414	0	9,931	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	55,758	19,338	0	3,077	0 67.00
68.00	06800	SPEECH PATHOLOGY	23,297	8,080	0	1,286	0 68.00
69.00	06900	ELECTROCARDIOLOGY	94,062	3,593	0	572	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,705	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	642,903	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	705,740	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,444,222	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	47,505	1,571	0	250	0 74.00
76.00	03330	ENDOSCOPY	20,528	0	115	0	0 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	257,317	0	0	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	135,697	0	0	0	0 76.03
76.04	03952	WOUND CARE CENTER	72,069	28,608	552	4,552	0 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,034,271	501,849	1,277	79,849	0 76.05
76.06	03953	IMAGING CENTERS	191,833	18,102	0	2,880	0 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	62,845	32,634	0	5,192	0 76.07
76.97	07697	CARDIAC REHABILITATION	33,390	36,596	0	5,823	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,386	5,291	0	842	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	38,082	19,003	750	3,024	0 90.02
90.03	09001	CLINIC	0	0	0	0	0 90.03
90.04	04953	SPINE CENTER	0	0	0	0	0 90.04
90.05	04954	INFUSION CENTERS	19,355	0	0	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07	09003	KNEE CENTER	119,548	86,638	0	13,785	0 90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0 90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0 90.12
91.00	09100	EMERGENCY	530,409	331,368	6,390	52,724	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,923,906	3,705,993	36,142	579,187	388,993		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6	0	0	0	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.02	07952 ACCOUNTABLE CARE	15,902	0	0	0	0		194.02
194.03	07953 SCHOOL BASED CLINICS	5,653	0	0	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	16,852	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	129,481	0	0	0	0		194.05
194.07	07957 LIFE CHECK	0	0	0	0	0		194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	39,950	32,125	0	5,111	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
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)	14,131,750	3,738,118	36,142	584,298	388,993		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm	
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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,101,307					11.00
13.00	01300	NURSING ADMINISTRATION	20,755	533,072				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,189	0	2,887,125			14.00
15.00	01500	PHARMACY	51,239	0	0	1,491,766		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,189	0	2	0	224,955	16.00
17.00	01700	SOCIAL SERVICE	14,269	0	19	0	0	17.00
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	62,265	0	356	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	297,702	292,330	29,796	0	14,981	30.00
31.00	03100	INTENSIVE CARE UNIT	77,831	76,426	13,516	0	4,742	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,377	0	1,240	0	1,363	35.00
43.00	04300	NURSERY	4,540	4,458	708	0	210	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	66,805	65,599	220,689	0	12,658	50.00
51.00	05100	RECOVERY ROOM	3,892	0	386	0	1,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,566	15,285	2,638	0	781	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,620	0	30	0	4,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,189	0	3,509	0	1,795	55.00
57.00	05700	CT SCAN	20,755	0	969	0	7,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,243	0	3	0	1,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,349	0	256,471	0	18,969	59.00
60.00	06000	LABORATORY	0	0	41,781	0	13,315	60.00
64.00	06400	INTRAVENOUS THERAPY	6,486	0	179	0	197	64.00
65.00	06500	RESPIRATORY THERAPY	27,241	0	2,841	0	2,514	65.00
66.00	06600	PHYSICAL THERAPY	16,215	0	1,815	0	1,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,729	0	371	0	458	67.00
68.00	06800	SPEECH PATHOLOGY	3,892	0	155	0	191	68.00
69.00	06900	ELECTROCARDIOLOGY	25,944	0	1,556	0	4,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,540	0	1,057	0	500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	358,164	0	5,897	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,892,789	1,491,766	73,982	73.00
74.00	07400	RENAL DIALYSIS	0	0	57	0	600	74.00
76.00	03330	ENDOSCOPY	2,594	0	867	0	367	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	33,727	0	2,437	0	1,988	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	5,406	0	110	76.03
76.04	03952	WOUND CARE CENTER	7,134	0	3,223	0	1,054	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	136,853	0	20,055	0	17,964	76.05
76.06	03953	IMAGING CENTERS	0	0	1,755	0	4,918	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	413	76.07
76.97	07697	CARDIAC REHABILITATION	7,134	0	277	0	221	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	1,297	0	431	0	202	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	13,620	0	691	0	262	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	81	0	175	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	22,701	0	462	0	370	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	6	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	80,425	78,974	19,044	0	17,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,101,307	533,072	2,885,826	1,491,766	224,955
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	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	17	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	143	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	6	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	1,133	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
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)	1,101,307	533,072	2,887,125	1,491,766	224,955

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
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	107,572				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	116,136			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		456,230		22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0		0		23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0			0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	87,438				30.00
31.00 03100	INTENSIVE CARE UNIT	15,418				31.00
32.00 03200	CORONARY CARE UNIT	0				32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,610				35.00
43.00 04300	NURSERY	2,106				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
64.00 06400	INTRAVENOUS THERAPY	0				64.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
76.00 03330	ENDOSCOPY	0				76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0				76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0				76.03
76.04 03952	WOUND CARE CENTER	0				76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0				76.05
76.06 03953	IMAGING CENTERS	0				76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0				76.07
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0				88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00 09000	CLINIC	0				90.00
90.01 04950	DIABETIC CARE CENTER	0				90.01
90.02 04951	HEALTHY HEARTS CENTER	0				90.02
90.03 09001	CLINIC	0				90.03
90.04 04953	SPINE CENTER	0				90.04
90.05 04954	INFUSION CENTERS	0				90.05
90.06 09002	MEDCHECK CLINICS	0				90.06
90.07 09003	KNEE CENTER	0				90.07
90.08 09004	PALLIATIVE CARE	0				90.08
90.10 09006	WORK SITE CLINICS	0				90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0				90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
91.00 09100 EMERGENCY	0					91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0					98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00	
191.00 19100 RESEARCH	0					191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00	
194.00 07950 HOME OFFICE	0					194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0					194.01	
194.02 07952 ACCOUNTABLE CARE	0					194.02	
194.03 07953 SCHOOL BASED CLINICS	0					194.03	
194.04 07954 SMO-NON PROVIDER BASED	0					194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0					194.05	
194.07 07957 LI FE CHECK	0					194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0					194.08	
194.09 07959 SURGERY CENTER EAST	0					194.09	
200.00	Cross Foot Adjustments		116,136	456,230	0	0 200.00	
201.00	Negative Cost Centers		0	0	0	0 201.00	
202.00	TOTAL (sum lines 118 through 201)		107,572	116,136	456,230	0 202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3: 24 pm		
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.02	23.03	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH					23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			7,435,025	0	7,435,025
31.00	03100	INTENSIVE CARE UNIT			3,795,539	0	3,795,539
32.00	03200	CORONARY CARE UNIT			0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			190,555	0	190,555
43.00	04300	NURSERY			312,075	0	312,075
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			6,431,107	0	6,431,107
51.00	05100	RECOVERY ROOM			452,909	0	452,909
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,164,035	0	1,164,035
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,883,156	0	1,883,156
55.00	05500	RADIOLOGY-THERAPEUTIC			85,908	0	85,908
57.00	05700	CT SCAN			855,101	0	855,101
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			768,145	0	768,145
59.00	05900	CARDIAC CATHETERIZATION			1,785,384	0	1,785,384
60.00	06000	LABORATORY			734,479	0	734,479
64.00	06400	INTRAVENOUS THERAPY			73,043	0	73,043
65.00	06500	RESPIRATORY THERAPY			299,916	0	299,916
66.00	06600	PHYSICAL THERAPY			1,793,615	0	1,793,615
67.00	06700	OCCUPATIONAL THERAPY			202,597	0	202,597
68.00	06800	SPEECH PATHOLOGY			84,481	0	84,481
69.00	06900	ELECTROCARDIOLOGY			652,104	0	652,104
70.00	07000	ELECTROENCEPHALOGRAPHY			200,932	0	200,932
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,006,964	0	1,006,964
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			712,419	0	712,419
73.00	07300	DRUGS CHARGED TO PATIENTS			6,902,759	0	6,902,759
74.00	07400	RENAL DIALYSIS			57,686	0	57,686
76.00	03330	ENDOSCOPY			179,097	0	179,097
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			2,216,954	0	2,216,954
76.03	03951	LUTHERWOOD PARTNERSHIP			289,668	0	289,668
76.04	03952	WOUND CARE CENTER			264,200	0	264,200
76.05	03480	ONCOLOGY-CANCER CARE CENTER			8,177,191	0	8,177,191
76.06	03953	IMAGING CENTERS			1,784,691	0	1,784,691
76.07	03954	BREAST DIAGNOSTIC CENTER			310,439	0	310,439
76.97	07697	CARDIAC REHABILITATION			425,214	0	425,214
76.98	07698	HYPERBARIC OXYGEN THERAPY			47,609	0	47,609
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC			0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00	09000	CLINIC			0	0	90.00
90.01	04950	DIABETIC CARE CENTER			0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER			336,171	0	336,171
90.03	09001	CLINIC			0	0	90.03
90.04	04953	SPINE CENTER			0	0	90.04
90.05	04954	INFUSION CENTERS			265,712	0	265,712
90.06	09002	MEDCHECK CLINICS			0	0	90.06
90.07	09003	KNEE CENTER			692,657	0	692,657
90.08	09004	PALLIATIVE CARE			6	0	90.08
90.10	09006	WORK SITE CLINICS			0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE			0	0	90.12

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
91.00	09100	EMERGENCY			3,140,952	0	3,140,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	56,010,495	0	56,010,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			237	0	237	192.00
194.00	07950	HOME OFFICE			0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS			0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE			16,406	0	16,406	194.02
194.03	07953	SCHOOL BASED CLINICS			5,844	0	5,844	194.03
194.04	07954	SMO-NON PROVIDER BASED			17,357	0	17,357	194.04
194.05	07955	FAMILY PRACTICE MEDICINE			1,201,940	0	1,201,940	194.05
194.07	07957	LIFECHECK			0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS			347,586	0	347,586	194.08
194.09	07959	SURGERY CENTER EAST			0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	572,366	0	572,366	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	58,172,231	0	58,172,231	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	791,857				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		35,604,169			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,435	24,672	206,835,537		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,477	13,145,237	20,075,335	-123,118,308	5.00
7.00 00700	OPERATION OF PLANT	102,751	299,595	2,936,873	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	11,398	35,695	3,156,250	0	9.00
10.00 01000	DIETARY	9,064	23,681	641,143	0	10.00
11.00 01100	CAFETERIA	23,931	178,169	1,778,737	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,335	39,385	2,142,538	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,044	1,960,120	443,957	0	14.00
15.00 01500	PHARMACY	8,444	788,429	6,876,797	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,654	0	652,239	0	16.00
17.00 01700	SOCIAL SERVICE	794	160	1,777,849	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,250	4,100,092	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,255	70,769	6,138,452	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	105,494	1,005,021	38,635,371	0	30.00
31.00 03100	INTENSIVE CARE UNIT	62,385	916,730	9,363,546	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,688	31,101	1,148,009	0	35.00
43.00 04300	NURSERY	5,769	70,925	483,338	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	102,585	1,870,083	7,883,329	0	50.00
51.00 05100	RECOVERY ROOM	8,517	117,943	566,064	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,451	263,746	2,259,425	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,703	736,219	2,696,551	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	423	28,975	622,475	0	55.00
57.00 05700	CT SCAN	1,335	675,270	1,694,129	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	28	722,868	480,304	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	14,712	771,044	3,091,396	0	59.00
60.00 06000	LABORATORY	4,314	109,599	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	351	5,224	619,129	0	64.00
65.00 06500	RESPIRATORY THERAPY	974	96,794	3,458,926	0	65.00
66.00 06600	PHYSICAL THERAPY	10,806	1,205,071	4,157,709	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,348	17,596	1,295,668	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,399	7,352	541,362	0	68.00
69.00 06900	ELECTROCARDIOLOGY	622	502,207	2,442,782	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	152,290	514,697	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	272	0	0	0	74.00
76.00 03330	ENDOSCOPY	0	154,357	367,275	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,881,702	28,645,412	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	139,239	8,223,037	0	76.03
76.04 03952	WOUND CARE CENTER	4,953	5,894	749,969	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	86,887	3,856,554	15,804,328	0	76.05
76.06 03953	IMAGING CENTERS	3,134	1,474,433	3,023,115	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	5,650	49,397	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	6,336	161,758	648,881	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	916	1,090	114,018	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	3,290	165,895	1,611,444	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	245,994	302,357	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	15,000	22,189	1,926,532	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	57,371	389,502	8,635,891	0	19,304,464	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	786,295	34,422,224	202,726,731	-123,118,308	506,767,910	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	231	0	0	231	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.02 07952 ACCOUNTABLE CARE	0	0	428,613	0	578,771	194.02	
194.03 07953 SCHOOL BASED CLINICS	0	0	42,627	0	205,737	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	444,108	0	613,321	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,070,764	2,393,529	0	4,712,529	194.05	
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	5,562	110,950	799,929	0	1,453,981	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
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)	22,425,106	35,569,829	6,624,752	123,118,308	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	28.319641	0.999036	0.032029	0.239375	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			235,205	14,131,750	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001137	0.027476	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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	647,194				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	272,320			8.00
9.00	00900	HOUSEKEEPING	11,398	0	635,796		9.00
10.00	01000	DIETARY	9,064	0	9,064	82,054	10.00
11.00	01100	CAFETERIA	23,931	0	23,931	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,335	0	7,335	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,044	0	16,044	0	14.00
15.00	01500	PHARMACY	8,444	0	8,444	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,654	0	1,654	0	16.00
17.00	01700	SOCIAL SERVICE	794	0	794	0	17.00
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	4,255	0	4,255	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	105,494	124,169	105,494	69,204	30.00
31.00	03100	INTENSIVE CARE UNIT	62,385	33,610	62,385	12,316	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,688	0	2,688	0	35.00
43.00	04300	NURSERY	5,769	1,958	5,769	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	102,585	17,376	102,585	511	50.00
51.00	05100	RECOVERY ROOM	8,517	0	8,517	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,451	7,280	21,451	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,703	13,814	27,703	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	423	0	423	0	55.00
57.00	05700	CT SCAN	1,335	0	1,335	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28	0	28	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,712	5,670	14,712	0	59.00
60.00	06000	LABORATORY	4,314	0	4,314	0	60.00
64.00	06400	INTRAVENOUS THERAPY	351	0	351	23	64.00
65.00	06500	RESPIRATORY THERAPY	974	0	974	0	65.00
66.00	06600	PHYSICAL THERAPY	10,806	0	10,806	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,348	0	3,348	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,399	0	1,399	0	68.00
69.00	06900	ELECTROCARDIOLOGY	622	0	622	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	272	0	272	0	74.00
76.00	03330	ENDOSCOPY	0	865	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	4,953	4,158	4,953	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	86,887	9,622	86,887	0	76.05
76.06	03953	IMAGING CENTERS	3,134	0	3,134	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	5,650	0	5,650	0	76.07
76.97	07697	CARDIAC REHABILITATION	6,336	0	6,336	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	916	0	916	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	3,290	5,651	3,290	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	15,000	0	15,000	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	57,371	48,147	57,371	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	641,632	272,320	630,234	82,054	1,698	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	5,562	0	5,562	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	Cost to be allocated (per Wkst. B, Part I)	21,444,312	1,630,274	7,433,693	2,536,927	4,832,657	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	33.134287	5.986611	11.691947	30.917774	2,846.087750	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,738,118	36,142	584,298	388,993	1,101,307	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.775885	0.132719	0.919002	4.740695	648.590695	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	837					13.00
14.00	01400	0	188,619,773				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	129	0	2,703,714,970		16.00
17.00	01700	0	1,271	0	0	85,928	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	23,270	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	459	1,946,546	0	180,491,114	69,845	30.00
31.00	03100	120	882,975	0	57,128,719	12,316	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	81,009	0	16,426,210	2,085	35.00
43.00	04300	7	46,262	0	2,529,728	1,682	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	103	14,417,521	0	152,500,122	0	50.00
51.00	05100	0	25,249	0	12,489,412	0	51.00
52.00	05200	24	172,310	0	9,407,198	0	52.00
54.00	05400	0	1,951	0	50,722,443	0	54.00
55.00	05500	0	229,235	0	21,625,785	0	55.00
57.00	05700	0	63,324	0	85,791,000	0	57.00
58.00	05800	0	216	0	12,834,841	0	58.00
59.00	05900	0	16,755,166	0	228,539,596	0	59.00
60.00	06000	0	2,729,548	0	160,416,808	0	60.00
64.00	06400	0	11,693	0	2,370,930	0	64.00
65.00	06500	0	185,624	0	30,283,923	0	65.00
66.00	06600	0	118,585	0	17,254,474	0	66.00
67.00	06700	0	24,241	0	5,520,319	0	67.00
68.00	06800	0	10,128	0	2,306,721	0	68.00
69.00	06900	0	101,628	0	51,353,609	0	69.00
70.00	07000	0	69,046	0	6,026,477	0	70.00
71.00	07100	0	23,398,724	0	71,046,143	0	71.00
72.00	07200	0	0	0	80,474,731	0	72.00
73.00	07300	0	123,660,157	100	884,770,453	0	73.00
74.00	07400	0	3,712	0	7,233,567	0	74.00
76.00	03330	0	56,659	0	4,417,870	0	76.00
76.01	03550	0	159,205	0	23,956,453	0	76.01
76.03	03951	0	353,187	0	1,328,250	0	76.03
76.04	03952	0	210,536	0	12,698,358	0	76.04
76.05	03480	0	1,310,176	0	216,428,145	0	76.05
76.06	03953	0	114,670	0	59,250,268	0	76.06
76.07	03954	0	0	0	4,970,921	0	76.07
76.97	07697	0	18,104	0	2,667,866	0	76.97
76.98	07698	0	28,157	0	2,436,896	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	45,115	0	3,152,536	0	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	5,282	0	2,109,518	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	0	30,154	0	4,454,999	0	90.07
90.08	09004	0	0	0	77,549	0	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
91.00	09100	EMERGENCY	124	1,244,143	0	216,221,018	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	837	188,534,908	100	2,703,714,970	85,928	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	1,093	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	9,352	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	403	0	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	74,017	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	10,059,433	17,045,156	15,037,038	7,364,106	2,953,656	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12,018.438471	0.090368	150,370.380000	0.002724	34.373615	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	533,072	2,887,125	1,491,766	224,955	107,572	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	636.884110	0.015307	14,917.660000	0.000083	1.251885	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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	449,951				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		449,951			22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH			0		23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH				0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH					0 23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH					0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	209,191	209,191	0	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	1,913	1,913	0	0	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,623	2,623	0	0	0 35.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,831	16,831	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	4,973	4,973	0	0	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	8,607	8,607	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,235	24,235	0	0	0 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0 76.03
76.04 03952	WOUND CARE CENTER	1,612	1,612	0	0	0 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0 76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0 90.02
90.03 09001	CLINIC	0	0	0	0	0 90.03
90.04 04953	SPINE CENTER	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	0 90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0 90.06
90.07 09003	KNEE CENTER	2,541	2,541	0	0	0 90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	0 90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	13,628	13,628	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	286,154	286,154	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	3,333	3,333	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	157,158	157,158	0	0	0	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	3,306	3,306	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	4,926,899	7,996,452	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.949857	17.771828	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	116,136	456,230	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.258108	1.013955	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	76.03
76.04	03952	WOUND CARE CENTER	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	76.05
76.06	03953	IMAGING CENTERS	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	76.07
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	04950	DIABETIC CARE CENTER	90.01
90.02	04951	HEALTHY HEARTS CENTER	90.02
90.03	09001	CLINIC	90.03
90.04	04953	SPINE CENTER	90.04
90.05	04954	INFUSION CENTERS	90.05
90.06	09002	MEDCHECK CLINICS	90.06
90.07	09003	KNEE CENTER	90.07
90.08	09004	PALLIATIVE CARE	90.08
90.10	09006	WORK SITE CLINICS	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description			PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
			23.03	
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	HOME OFFICE	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	194.05
194.07	07957	LIFECHECK	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	194.08
194.09	07959	SURGERY CENTER EAST	0	194.09
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)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:24 pm	
			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	90,865,582	90,865,582	0	90,865,582	30.00
31.00	03100 INTENSIVE CARE UNIT	25,392,447	25,392,447	0	25,392,447	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,476,117	2,476,117	0	2,476,117	35.00
43.00	04300 NURSERY	1,633,532	1,633,532	0	1,633,532	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	34,645,160	34,645,160	0	34,645,160	50.00
51.00	05100 RECOVERY ROOM	1,829,133	1,829,133	0	1,829,133	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,438,917	6,438,917	0	6,438,917	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,508,954	8,508,954	0	8,508,954	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,517,376	1,517,376	0	1,517,376	55.00
57.00	05700 CT SCAN	5,034,857	5,034,857	0	5,034,857	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,860,884	1,860,884	0	1,860,884	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,813,895	11,813,895	0	11,813,895	59.00
60.00	06000 LABORATORY	18,929,889	18,929,889	0	18,929,889	60.00
64.00	06400 INTRAVENOUS THERAPY	2,211,208	2,211,208	0	2,211,208	64.00
65.00	06500 RESPIRATORY THERAPY	6,242,917	6,242,917	0	6,242,917	65.00
66.00	06600 PHYSICAL THERAPY	9,055,156	9,055,156	0	9,055,156	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,725,085	2,725,085	0	2,725,085	67.00
68.00	06800 SPEECH PATHOLOGY	1,137,857	1,137,857	0	1,137,857	68.00
69.00	06900 ELECTROCARDIOLOGY	4,533,719	4,533,719	0	4,533,719	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,202,070	1,202,070	0	1,202,070	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,307,825	31,307,825	0	31,307,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,053,414	32,053,414	0	32,053,414	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	183,983,897	183,983,897	0	183,983,897	73.00
74.00	07400 RENAL DIALYSIS	2,175,059	2,175,059	0	2,175,059	74.00
76.00	03330 ENDOSCOPY	959,679	959,679	0	959,679	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,834,584	11,834,584	0	11,834,584	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,156,488	6,156,488	0	6,156,488	76.03
76.04	03952 WOUND CARE CENTER	3,582,686	3,582,686	0	3,582,686	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,914,335	51,914,335	0	51,914,335	76.05
76.06	03953 IMAGING CENTERS	8,965,369	8,965,369	0	8,965,369	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,101,575	3,101,575	0	3,101,575	76.07
76.97	07697 CARDIAC REHABILITATION	1,830,392	1,830,392	0	1,830,392	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	614,630	614,630	0	614,630	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	1,971,517	1,971,517	0	1,971,517	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	879,271	879,271	0	879,271	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	6,179,367	6,179,367	0	6,179,367	90.07
90.08	09004 PALLIATIVE CARE	211	211	0	211	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	29,330,051	29,330,051	0	29,330,051	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,797,012	6,797,012	0	6,797,012	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	621,692,117	621,692,117	0	621,692,117	200.00
201.00	Less Observation Beds	6,797,012	6,797,012	0	6,797,012	201.00
202.00	Total (see instructions)	614,895,105	614,895,105	0	614,895,105	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 8/2/2021 3:24 pm		
			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	171,161,842		171,161,842				30.00
31.00	03100	INTENSIVE CARE UNIT	57,128,719		57,128,719				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,426,210		16,426,210				35.00
43.00	04300	NURSERY	2,529,728		2,529,728				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	103,923,030	48,577,092	152,500,122	0.227181	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,340,643	6,148,769	12,489,412	0.146455	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,407,198	0	9,407,198	0.684467	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,518,441	40,204,002	50,722,443	0.167755	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,283,816	13,341,969	21,625,785	0.070165	0.000000		55.00
57.00	05700	CT SCAN	23,408,787	62,382,213	85,791,000	0.058687	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,975,090	8,859,751	12,834,841	0.144987	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	93,625,963	134,913,633	228,539,596	0.051693	0.000000		59.00
60.00	06000	LABORATORY	78,707,637	81,709,171	160,416,808	0.118004	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	902,789	1,468,141	2,370,930	0.932633	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	27,340,309	2,943,614	30,283,923	0.206146	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,312,162	13,942,312	17,254,474	0.524800	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,701,492	2,818,827	5,520,319	0.493646	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,113,120	1,193,601	2,306,721	0.493279	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,568,478	37,785,131	51,353,609	0.088284	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,736	5,277,741	6,026,477	0.199465	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,200,151	33,845,992	71,046,143	0.440669	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,678,111	29,796,620	80,474,731	0.398304	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,756,864	817,013,589	884,770,453	0.207945	0.000000		73.00
74.00	07400	RENAL DIALYSIS	7,233,567	0	7,233,567	0.300690	0.000000		74.00
76.00	03330	ENDOSCOPY	1,782,369	2,635,501	4,417,870	0.217227	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	23,956,453	23,956,453	0.494004	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,328,250	1,328,250	4.635037	0.000000		76.03
76.04	03952	WOUND CARE CENTER	602,507	12,095,851	12,698,358	0.282138	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,555,306	214,872,839	216,428,145	0.239869	0.000000		76.05
76.06	03953	IMAGING CENTERS	102,601	59,147,667	59,250,268	0.151314	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	9,033	4,961,888	4,970,921	0.623944	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	63,992	2,603,874	2,667,866	0.686088	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,436,896	2,436,896	0.252218	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	16,783	3,135,753	3,152,536	0.625375	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	0	2,109,518	2,109,518	0.416811	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	9,409	4,445,590	4,454,999	1.387064	0.000000		90.07
90.08	09004	PALLIATIVE CARE	0	77,549	77,549	0.002721	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	45,755,962	170,465,056	216,221,018	0.135648	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,652,797	6,676,475	9,329,272	0.728568	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	850,543,642	1,853,171,328	2,703,714,970				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	850,543,642	1,853,171,328	2,703,714,970				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:24 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.227181		50.00
51.00	05100 RECOVERY ROOM	0.146455		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.684467		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.167755		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.070165		55.00
57.00	05700 CT SCAN	0.058687		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.144987		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051693		59.00
60.00	06000 LABORATORY	0.118004		60.00
64.00	06400 INTRAVENOUS THERAPY	0.932633		64.00
65.00	06500 RESPIRATORY THERAPY	0.206146		65.00
66.00	06600 PHYSICAL THERAPY	0.524800		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.493646		67.00
68.00	06800 SPEECH PATHOLOGY	0.493279		68.00
69.00	06900 ELECTROCARDIOLOGY	0.088284		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.199465		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440669		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398304		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.207945		73.00
74.00	07400 RENAL DIALYSIS	0.300690		74.00
76.00	03330 ENDOSCOPY	0.217227		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.494004		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	4.635037		76.03
76.04	03952 WOUND CARE CENTER	0.282138		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.239869		76.05
76.06	03953 IMAGING CENTERS	0.151314		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.623944		76.07
76.97	07697 CARDIAC REHABILITATION	0.686088		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.252218		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.625375		90.02
90.03	09001 CLINIC	0.000000		90.03
90.04	04953 SPINE CENTER	0.000000		90.04
90.05	04954 INFUSION CENTERS	0.416811		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.387064		90.07
90.08	09004 PALLIATIVE CARE	0.002721		90.08
90.10	09006 WORK SITE CLINICS	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100 EMERGENCY	0.135648		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.728568		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:24 pm	
			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	96,873,899	96,873,899	0	96,873,899	30.00
31.00	03100 INTENSIVE CARE UNIT	25,447,392	25,447,392	0	25,447,392	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,551,454	2,551,454	0	2,551,454	35.00
43.00	04300 NURSERY	1,633,532	1,633,532	0	1,633,532	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	35,128,575	35,128,575	0	35,128,575	50.00
51.00	05100 RECOVERY ROOM	1,829,133	1,829,133	0	1,829,133	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,438,917	6,438,917	0	6,438,917	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,508,954	8,508,954	0	8,508,954	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,517,376	1,517,376	0	1,517,376	55.00
57.00	05700 CT SCAN	5,034,857	5,034,857	0	5,034,857	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,860,884	1,860,884	0	1,860,884	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,813,895	11,813,895	0	11,813,895	59.00
60.00	06000 LABORATORY	18,929,889	18,929,889	0	18,929,889	60.00
64.00	06400 INTRAVENOUS THERAPY	2,211,208	2,211,208	0	2,211,208	64.00
65.00	06500 RESPIRATORY THERAPY	6,242,917	6,242,917	0	6,242,917	65.00
66.00	06600 PHYSICAL THERAPY	9,055,156	9,055,156	0	9,055,156	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,725,085	2,725,085	0	2,725,085	67.00
68.00	06800 SPEECH PATHOLOGY	1,137,857	1,137,857	0	1,137,857	68.00
69.00	06900 ELECTROCARDIOLOGY	4,676,552	4,676,552	0	4,676,552	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,202,070	1,202,070	0	1,202,070	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,307,825	31,307,825	0	31,307,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,053,414	32,053,414	0	32,053,414	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	184,231,104	184,231,104	0	184,231,104	73.00
74.00	07400 RENAL DIALYSIS	2,175,059	2,175,059	0	2,175,059	74.00
76.00	03330 ENDOSCOPY	959,679	959,679	0	959,679	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,530,654	12,530,654	0	12,530,654	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,156,488	6,156,488	0	6,156,488	76.03
76.04	03952 WOUND CARE CENTER	3,628,985	3,628,985	0	3,628,985	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,914,335	51,914,335	0	51,914,335	76.05
76.06	03953 IMAGING CENTERS	8,965,369	8,965,369	0	8,965,369	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,101,575	3,101,575	0	3,101,575	76.07
76.97	07697 CARDIAC REHABILITATION	1,830,392	1,830,392	0	1,830,392	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	614,630	614,630	0	614,630	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	1,971,517	1,971,517	0	1,971,517	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	879,271	879,271	0	879,271	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	6,252,349	6,252,349	0	6,252,349	90.07
90.08	09004 PALLIATIVE CARE	211	211	0	211	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	29,721,470	29,721,470	0	29,721,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,797,012	6,797,012	0	6,797,012	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	629,910,941	629,910,941	0	629,910,941	200.00
201.00	Less Observation Beds	6,797,012	6,797,012	0	6,797,012	201.00
202.00	Total (see instructions)	623,113,929	623,113,929	0	623,113,929	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 8/2/2021 3:24 pm		
			Title XIX			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	171,161,842		171,161,842				30.00
31.00	03100	INTENSIVE CARE UNIT	57,128,719		57,128,719				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,426,210		16,426,210				35.00
43.00	04300	NURSERY	2,529,728		2,529,728				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	103,923,030	48,577,092	152,500,122	0.230351	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,340,643	6,148,769	12,489,412	0.146455	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,407,198	0	9,407,198	0.684467	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,518,441	40,204,002	50,722,443	0.167755	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,283,816	13,341,969	21,625,785	0.070165	0.000000		55.00
57.00	05700	CT SCAN	23,408,787	62,382,213	85,791,000	0.058687	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,975,090	8,859,751	12,834,841	0.144987	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	93,625,963	134,913,633	228,539,596	0.051693	0.000000		59.00
60.00	06000	LABORATORY	78,707,637	81,709,171	160,416,808	0.118004	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	902,789	1,468,141	2,370,930	0.932633	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	27,340,309	2,943,614	30,283,923	0.206146	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,312,162	13,942,312	17,254,474	0.524800	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,701,492	2,818,827	5,520,319	0.493646	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,113,120	1,193,601	2,306,721	0.493279	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,568,478	37,785,131	51,353,609	0.091066	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,736	5,277,741	6,026,477	0.199465	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,200,151	33,845,992	71,046,143	0.440669	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,678,111	29,796,620	80,474,731	0.398304	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,756,864	817,013,589	884,770,453	0.208225	0.000000		73.00
74.00	07400	RENAL DIALYSIS	7,233,567	0	7,233,567	0.300690	0.000000		74.00
76.00	03330	ENDOSCOPY	1,782,369	2,635,501	4,417,870	0.217227	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	23,956,453	23,956,453	0.523060	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,328,250	1,328,250	4.635037	0.000000		76.03
76.04	03952	WOUND CARE CENTER	602,507	12,095,851	12,698,358	0.285784	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,555,306	214,872,839	216,428,145	0.239869	0.000000		76.05
76.06	03953	IMAGING CENTERS	102,601	59,147,667	59,250,268	0.151314	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	9,033	4,961,888	4,970,921	0.623944	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	63,992	2,603,874	2,667,866	0.686088	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,436,896	2,436,896	0.252218	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	16,783	3,135,753	3,152,536	0.625375	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPIRE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	0	2,109,518	2,109,518	0.416811	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	9,409	4,445,590	4,454,999	1.403446	0.000000		90.07
90.08	09004	PALLIATIVE CARE	0	77,549	77,549	0.002721	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	45,755,962	170,465,056	216,221,018	0.137459	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,652,797	6,676,475	9,329,272	0.728568	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	850,543,642	1,853,171,328	2,703,714,970				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	850,543,642	1,853,171,328	2,703,714,970				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:24 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.230351		50.00
51.00	05100 RECOVERY ROOM	0.146455		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.684467		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.167755		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.070165		55.00
57.00	05700 CT SCAN	0.058687		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.144987		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051693		59.00
60.00	06000 LABORATORY	0.118004		60.00
64.00	06400 INTRAVENOUS THERAPY	0.932633		64.00
65.00	06500 RESPIRATORY THERAPY	0.206146		65.00
66.00	06600 PHYSICAL THERAPY	0.524800		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.493646		67.00
68.00	06800 SPEECH PATHOLOGY	0.493279		68.00
69.00	06900 ELECTROCARDIOLOGY	0.091066		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.199465		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440669		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398304		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208225		73.00
74.00	07400 RENAL DIALYSIS	0.300690		74.00
76.00	03330 ENDOSCOPY	0.217227		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.523060		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	4.635037		76.03
76.04	03952 WOUND CARE CENTER	0.285784		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.239869		76.05
76.06	03953 IMAGING CENTERS	0.151314		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.623944		76.07
76.97	07697 CARDIAC REHABILITATION	0.686088		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.252218		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.625375		90.02
90.03	09001 CLINIC	0.000000		90.03
90.04	04953 SPINE CENTER	0.000000		90.04
90.05	04954 INFUSION CENTERS	0.416811		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.403446		90.07
90.08	09004 PALLIATIVE CARE	0.002721		90.08
90.10	09006 WORK SITE CLINICS	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100 EMERGENCY	0.137459		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.728568		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074

Period: From 01/01/2020 To 12/31/2020

Worksheet C Part II Date/Time Prepared: 8/2/2021 3:24 pm

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	35,128,575	6,431,107	28,697,468	0	0	50.00
51.00	05100	RECOVERY ROOM	1,829,133	452,909	1,376,224	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,438,917	1,164,035	5,274,882	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,508,954	1,883,156	6,625,798	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,517,376	85,908	1,431,468	0	0	55.00
57.00	05700	CT SCAN	5,034,857	855,101	4,179,756	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,860,884	768,145	1,092,739	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,813,895	1,785,384	10,028,511	0	0	59.00
60.00	06000	LABORATORY	18,929,889	734,479	18,195,410	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,211,208	73,043	2,138,165	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,242,917	299,916	5,943,001	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,055,156	1,793,615	7,261,541	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,725,085	202,597	2,522,488	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,137,857	84,481	1,053,376	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,676,552	652,104	4,024,448	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,202,070	200,932	1,001,138	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,307,825	1,006,964	30,300,861	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,053,414	712,419	31,340,995	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184,231,104	6,902,759	177,328,345	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,175,059	57,686	2,117,373	0	0	74.00
76.00	03330	ENDOSCOPY	959,679	179,097	780,582	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,530,654	2,216,954	10,313,700	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	6,156,488	289,668	5,866,820	0	0	76.03
76.04	03952	WOUND CARE CENTER	3,628,985	264,200	3,364,785	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	51,914,335	8,177,191	43,737,144	0	0	76.05
76.06	03953	IMAGING CENTERS	8,965,369	1,784,691	7,180,678	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,101,575	310,439	2,791,136	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	1,830,392	425,214	1,405,178	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	614,630	47,609	567,021	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,971,517	336,171	1,635,346	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	879,271	265,712	613,559	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	6,252,349	692,657	5,559,692	0	0	90.07
90.08	09004	PALLIATIVE CARE	211	6	205	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	29,721,470	3,140,952	26,580,518	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,797,012	556,159	6,240,853	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	503,404,664	44,833,460	458,571,204	0	0	200.00
201.00		Less Observation Beds	6,797,012	556,159	6,240,853	0	0	201.00
202.00		Total (line 200 minus line 201)	496,607,652	44,277,301	452,330,351	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part II Date/Time Prepared: 8/2/2021 3:24 pm
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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)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	35,128,575	152,500,122	0.230351		50.00
51.00	05100 RECOVERY ROOM	1,829,133	12,489,412	0.146455		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,438,917	9,407,198	0.684467		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,508,954	50,722,443	0.167755		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,517,376	21,625,785	0.070165		55.00
57.00	05700 CT SCAN	5,034,857	85,791,000	0.058687		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,860,884	12,834,841	0.144987		58.00
59.00	05900 CARDIAC CATHETERIZATION	11,813,895	228,539,596	0.051693		59.00
60.00	06000 LABORATORY	18,929,889	160,416,808	0.118004		60.00
64.00	06400 INTRAVENOUS THERAPY	2,211,208	2,370,930	0.932633		64.00
65.00	06500 RESPIRATORY THERAPY	6,242,917	30,283,923	0.206146		65.00
66.00	06600 PHYSICAL THERAPY	9,055,156	17,254,474	0.524800		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,725,085	5,520,319	0.493646		67.00
68.00	06800 SPEECH PATHOLOGY	1,137,857	2,306,721	0.493279		68.00
69.00	06900 ELECTROCARDIOLOGY	4,676,552	51,353,609	0.091066		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,202,070	6,026,477	0.199465		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,307,825	71,046,143	0.440669		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,053,414	80,474,731	0.398304		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	184,231,104	884,770,453	0.208225		73.00
74.00	07400 RENAL DIALYSIS	2,175,059	7,233,567	0.300690		74.00
76.00	03330 ENDOSCOPY	959,679	4,417,870	0.217227		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,530,654	23,956,453	0.523060		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,156,488	1,328,250	4.635037		76.03
76.04	03952 WOUND CARE CENTER	3,628,985	12,698,358	0.285784		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,914,335	216,428,145	0.239869		76.05
76.06	03953 IMAGING CENTERS	8,965,369	59,250,268	0.151314		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,101,575	4,970,921	0.623944		76.07
76.97	07697 CARDIAC REHABILITATION	1,830,392	2,667,866	0.686088		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	614,630	2,436,896	0.252218		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	1,971,517	3,152,536	0.625375		90.02
90.03	09001 CLINIC	0	0	0.000000		90.03
90.04	04953 SPINE CENTER	0	0	0.000000		90.04
90.05	04954 INFUSION CENTERS	879,271	2,109,518	0.416811		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000		90.06
90.07	09003 KNEE CENTER	6,252,349	4,454,999	1.403446		90.07
90.08	09004 PALLIATIVE CARE	211	77,549	0.002721		90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000		90.12
91.00	09100 EMERGENCY	29,721,470	216,221,018	0.137459		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,797,012	9,329,272	0.728568		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	503,404,664	2,456,468,471			200.00
201.00	Less Observation Beds	6,797,012	0			201.00
202.00	Total (line 200 minus line 201)	496,607,652	2,456,468,471			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 8/2/2021 3:24 pm
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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 XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,435,025	0	7,435,025	75,492	98.49	30.00
31.00	INTENSIVE CARE UNIT	3,795,539		3,795,539	12,316	308.18	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	190,555		190,555	2,085	91.39	35.00
43.00	NURSERY	312,075		312,075	1,682	185.54	43.00
200.00	Total (lines 30 through 199)	11,733,194		11,733,194	91,575		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	13,753	1,354,533				
31.00	INTENSIVE CARE UNIT	3,549	1,093,731				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	17,302	2,448,264				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 8/2/2021 3:24 pm	
Cost Center Description			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)	Hospital Inpatient Program Charges	PPS 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	6,431,107	152,500,122	0.042171	30,404,546	1,282,190	50.00
51.00	05100	RECOVERY ROOM	452,909	12,489,412	0.036263	1,667,248	60,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,164,035	9,407,198	0.123739	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,883,156	50,722,443	0.037127	3,192,747	118,537	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85,908	21,625,785	0.003972	3,947,871	15,681	55.00
57.00	05700	CT SCAN	855,101	85,791,000	0.009967	7,034,159	70,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	768,145	12,834,841	0.059848	1,006,402	60,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,785,384	228,539,596	0.007812	30,210,023	236,001	59.00
60.00	06000	LABORATORY	734,479	160,416,808	0.004579	21,328,265	97,662	60.00
64.00	06400	INTRAVENOUS THERAPY	73,043	2,370,930	0.030808	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	299,916	30,283,923	0.009903	7,282,345	72,117	65.00
66.00	06600	PHYSICAL THERAPY	1,793,615	17,254,474	0.103951	1,050,420	109,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	202,597	5,520,319	0.036700	905,037	33,215	67.00
68.00	06800	SPEECH PATHOLOGY	84,481	2,306,721	0.036624	308,607	11,302	68.00
69.00	06900	ELECTROCARDIOLOGY	652,104	51,353,609	0.012698	4,491,230	57,030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,932	6,026,477	0.033342	196,764	6,561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,006,964	71,046,143	0.014173	11,201,114	158,753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	712,419	80,474,731	0.008853	18,574,156	164,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,902,759	884,770,453	0.007802	16,633,723	129,776	73.00
74.00	07400	RENAL DIALYSIS	57,686	7,233,567	0.007975	2,748,293	21,918	74.00
76.00	03330	ENDOSCOPY	179,097	4,417,870	0.040539	62,391	2,529	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,216,954	23,956,453	0.092541	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	289,668	1,328,250	0.218082	0	0	76.03
76.04	03952	WOUND CARE CENTER	264,200	12,698,358	0.020806	241,883	5,033	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	8,177,191	216,428,145	0.037782	461,924	17,452	76.05
76.06	03953	IMAGING CENTERS	1,784,691	59,250,268	0.030121	7,520	227	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	310,439	4,970,921	0.062451	1,548	97	76.07
76.97	07697	CARDIAC REHABILITATION	425,214	2,667,866	0.159384	337	54	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	47,609	2,436,896	0.019537	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	336,171	3,152,536	0.106635	0	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	265,712	2,109,518	0.125959	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	692,657	4,454,999	0.155479	0	0	90.07
90.08	09004	PALLIATIVE CARE	6	77,549	0.000077	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	3,140,952	216,221,018	0.014527	12,706,284	184,584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	556,159	9,329,272	0.059614	1,104,791	65,861	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	44,833,460	2,456,468,471		176,769,628	2,981,008	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 8/2/2021 3:24 pm
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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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
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 col. 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	75,492	0.00	13,753	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	12,316	0.00	3,549	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,085	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,682	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	91,575	0.00	17,302	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
32.00	03200	CORONARY CARE UNIT	0						32.00
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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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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	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	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	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	152,500,122	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	12,489,412	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	9,407,198	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	50,722,443	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,625,785	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	85,791,000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,834,841	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	228,539,596	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	160,416,808	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,370,930	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	30,283,923	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,254,474	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,520,319	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,306,721	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	51,353,609	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,026,477	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71,046,143	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,474,731	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	884,770,453	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	7,233,567	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	4,417,870	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	23,956,453	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	1,328,250	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	12,698,358	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	216,428,145	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	59,250,268	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	4,970,921	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,667,866	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,436,896	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	3,152,536	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,109,518	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	4,454,999	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	77,549	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	216,221,018	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,329,272	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	2,456,468,471		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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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	30,404,546	0	6,099,634	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,667,248	0	4,975,484	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,192,747	0	8,857,246	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	3,947,871	0	8,883,305	0	55.00	
57.00	05700	CT SCAN	0.000000	7,034,159	0	10,592,561	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,006,402	0	1,663,324	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	30,210,023	0	43,597,593	0	59.00	
60.00	06000	LABORATORY	0.000000	21,328,265	0	18,892,656	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	7,282,345	0	252,996	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	1,050,420	0	38,676	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	905,037	0	6,710	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	308,607	0	1,216	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,491,230	0	9,848,250	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	196,764	0	937,579	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	11,201,114	0	9,717,731	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,574,156	0	9,153,885	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,633,723	0	282,531,200	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	2,748,293	0	0	0	74.00	
76.00	03330	ENDOSCOPY	0.000000	62,391	0	682,689	0	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	152,567	0	76.01	
76.03	03951	LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03	
76.04	03952	WOUND CARE CENTER	0.000000	241,883	0	4,345,102	0	76.04	
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.000000	461,924	0	68,772,063	0	76.05	
76.06	03953	IMAGING CENTERS	0.000000	7,520	0	14,504,767	0	76.06	
76.07	03954	BREAST DIAGNOSTIC CENTER	0.000000	1,548	0	139,727	0	76.07	
76.97	07697	CARDIAC REHABILITATION	0.000000	337	0	872,137	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01	
90.02	04951	HEALTHY HEARTS CENTER	0.000000	0	0	820,286	0	90.02	
90.03	09001	CLINIC	0.000000	0	0	0	0	90.03	
90.04	04953	SPI NE CENTER	0.000000	0	0	0	0	90.04	
90.05	04954	INFUSION CENTERS	0.000000	0	0	879,325	0	90.05	
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06	
90.07	09003	KNEE CENTER	0.000000	0	0	538,359	0	90.07	
90.08	09004	PALLIATIVE CARE	0.000000	0	0	91	0	90.08	
90.10	09006	WORK SITE CLINICS	0.000000	0	0	0	0	90.10	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12	
91.00	09100	EMERGENCY	0.000000	12,706,284	0	19,826,015	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,104,791	0	1,564,245	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00		Total (lines 50 through 199)		176,769,628	0	529,147,419	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:24 pm
		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	0.227181	6,099,634	34,486	0	1,385,721	50.00	
51.00 05100 RECOVERY ROOM	0.146455	4,975,484	0	0	728,685	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.684467	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.167755	8,857,246	0	0	1,485,847	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.070165	8,883,305	0	0	623,297	55.00	
57.00 05700 CT SCAN	0.058687	10,592,561	0	0	621,646	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.144987	1,663,324	0	0	241,160	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.051693	43,597,593	38,182	0	2,253,690	59.00	
60.00 06000 LABORATORY	0.118004	18,892,656	141	0	2,229,409	60.00	
64.00 06400 INTRAVENOUS THERAPY	0.932633	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.206146	252,996	0	0	52,154	65.00	
66.00 06600 PHYSICAL THERAPY	0.524800	38,676	0	0	20,297	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.493646	6,710	0	0	3,312	67.00	
68.00 06800 SPEECH PATHOLOGY	0.493279	1,216	0	0	600	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.088284	9,848,250	0	0	869,443	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.199465	937,579	0	0	187,014	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440669	9,717,731	0	0	4,282,303	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.398304	9,153,885	0	0	3,646,029	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.207945	282,531,200	365	227,077	58,750,950	73.00	
74.00 07400 RENAL DIALYSIS	0.300690	0	0	0	0	74.00	
76.00 03330 ENDOSCOPY	0.217227	682,689	5,109	0	148,298	76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.494004	152,567	0	0	75,369	76.01	
76.03 03951 LUTHERWOOD PARTNERSHIP	4.635037	0	0	0	0	76.03	
76.04 03952 WOUND CARE CENTER	0.282138	4,345,102	0	0	1,225,918	76.04	
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.239869	68,772,063	0	1,701	16,496,286	76.05	
76.06 03953 IMAGING CENTERS	0.151314	14,504,767	0	0	2,194,774	76.06	
76.07 03954 BREAST DIAGNOSTIC CENTER	0.623944	139,727	0	0	87,182	76.07	
76.97 07697 CARDIAC REHABILITATION	0.686088	872,137	0	0	598,363	76.97	
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0.252218	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC						88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01	
90.02 04951 HEALTHY HEARTS CENTER	0.625375	820,286	0	0	512,986	90.02	
90.03 09001 CLINIC	0.000000	0	0	0	0	90.03	
90.04 04953 SPINE CENTER	0.000000	0	0	0	0	90.04	
90.05 04954 INFUSION CENTERS	0.416811	879,325	0	0	366,512	90.05	
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06	
90.07 09003 KNEE CENTER	1.387064	538,359	0	0	746,738	90.07	
90.08 09004 PALLIATIVE CARE	0.002721	91	0	0	0	90.08	
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0.135648	19,826,015	0	670	2,689,359	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.728568	1,564,245	2,980	206	1,139,659	92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Subtotal (see instructions)		529,147,419	81,263	229,654	103,663,001	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		529,147,419	81,263	229,654	103,663,001	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:24 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	7,835	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	1,974	0		59.00
60.00 06000 LABORATORY	17	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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	76	47,220		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	1,110	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	0		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	408		76.05
76.06 03953 IMAGING CENTERS	0	0		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	0		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	0		90.07
90.08 09004 PALLIATIVE CARE	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	91		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,171	150		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	13,183	47,869		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	13,183	47,869		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	Title XIX			Hospital	PPS
	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	7,435,025	0	7,435,025	75,492	98.49	30.00
31.00	INTENSIVE CARE UNIT	3,795,539		3,795,539	12,316	308.18	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	190,555		190,555	2,085	91.39	35.00
43.00	NURSERY	312,075		312,075	1,682	185.54	43.00
200.00	Total (lines 30 through 199)	11,733,194		11,733,194	91,575		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	6,771	666,876				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
43.00	NURSERY	1,420	263,467				43.00
200.00	Total (lines 30 through 199)	8,191	930,343				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 8/2/2021 3:24 pm	
Cost Center Description			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)	Hospital Inpatient Program Charges	PPS 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	6,431,107	152,500,122	0.042171	2,915,498	122,949	50.00
51.00	05100	RECOVERY ROOM	452,909	12,489,412	0.036263	330,039	11,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,164,035	9,407,198	0.123739	455,775	56,397	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,883,156	50,722,443	0.037127	561,269	20,838	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85,908	21,625,785	0.003972	402,234	1,598	55.00
57.00	05700	CT SCAN	855,101	85,791,000	0.009967	1,389,394	13,848	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	768,145	12,834,841	0.059848	242,310	14,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,785,384	228,539,596	0.007812	1,699,212	13,274	59.00
60.00	06000	LABORATORY	734,479	160,416,808	0.004579	4,898,647	22,431	60.00
64.00	06400	INTRAVENOUS THERAPY	73,043	2,370,930	0.030808	38,109	1,174	64.00
65.00	06500	RESPIRATORY THERAPY	299,916	30,283,923	0.009903	1,480,833	14,665	65.00
66.00	06600	PHYSICAL THERAPY	1,793,615	17,254,474	0.103951	161,931	16,833	66.00
67.00	06700	OCCUPATIONAL THERAPY	202,597	5,520,319	0.036700	128,459	4,714	67.00
68.00	06800	SPEECH PATHOLOGY	84,481	2,306,721	0.036624	85,669	3,138	68.00
69.00	06900	ELECTROCARDIOLOGY	652,104	51,353,609	0.012698	492,896	6,259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,932	6,026,477	0.033342	48,619	1,621	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,006,964	71,046,143	0.014173	2,176,964	30,854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	712,419	80,474,731	0.008853	1,108,916	9,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,902,759	884,770,453	0.007802	3,840,647	29,965	73.00
74.00	07400	RENAL DIALYSIS	57,686	7,233,567	0.007975	176,027	1,404	74.00
76.00	03330	ENDOSCOPY	179,097	4,417,870	0.040539	100,776	4,085	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,216,954	23,956,453	0.092541	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	289,668	1,328,250	0.218082	0	0	76.03
76.04	03952	WOUND CARE CENTER	264,200	12,698,358	0.020806	38,693	805	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	8,177,191	216,428,145	0.037782	206,264	7,793	76.05
76.06	03953	IMAGING CENTERS	1,784,691	59,250,268	0.030121	3,985	120	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	310,439	4,970,921	0.062451	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	425,214	2,667,866	0.159384	442	70	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	47,609	2,436,896	0.019537	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	336,171	3,152,536	0.106635	250	27	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	265,712	2,109,518	0.125959	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	692,657	4,454,999	0.155479	0	0	90.07
90.08	09004	PALLIATIVE CARE	6	77,549	0.000077	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	3,140,952	216,221,018	0.014527	2,770,573	40,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	556,159	9,329,272	0.059614	153,853	9,172	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	44,833,460	2,456,468,471		25,908,284	460,569	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 8/2/2021 3:24 pm
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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		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	75,492	0.00	6,771	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	12,316	0.00	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,085	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,682	0.00	1,420	43.00	
200.00		Total (lines 30 through 199)	0	0	91,575	0.00	8,191	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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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	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	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	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	152,500,122	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	12,489,412	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	9,407,198	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	50,722,443	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,625,785	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	85,791,000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,834,841	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	228,539,596	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	160,416,808	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,370,930	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	30,283,923	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,254,474	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,520,319	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,306,721	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	51,353,609	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,026,477	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71,046,143	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,474,731	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	884,770,453	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	7,233,567	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	4,417,870	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	23,956,453	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	1,328,250	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	12,698,358	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	216,428,145	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	59,250,268	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	4,970,921	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,667,866	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,436,896	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	3,152,536	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,109,518	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	4,454,999	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	77,549	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	216,221,018	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,329,272	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	2,456,468,471		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:24 pm
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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				
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	0.000000	2,915,498	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	330,039	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	455,775	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	561,269	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	402,234	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	1,389,394	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	242,310	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,699,212	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	4,898,647	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	38,109	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,480,833	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	161,931	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	128,459	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	85,669	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	492,896	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	48,619	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,176,964	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,108,916	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	3,840,647	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	176,027	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	100,776	0	0	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	38,693	0	0	0	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	206,264	0	0	0	0	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	3,985	0	0	0	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	442	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	250	0	0	0	0	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	0	0	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	0	0	0	0	90.07
90.08	09004 PALLIATIVE CARE	0.000000	0	0	0	0	0	0	90.08
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.000000	2,770,573	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	153,853	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		25,908,284	0	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:24 pm
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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	0.230351	0	0	1,329,505	0
51.00	05100 RECOVERY ROOM	0.146455	0	0	274,649	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.684467	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.167755	0	0	1,715,938	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.070165	0	0	408,114	0
57.00	05700 CT SCAN	0.058687	0	0	4,213,560	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.144987	0	0	345,967	0
59.00	05900 CARDIAC CATHETERIZATION	0.051693	0	0	1,466,970	0
60.00	06000 LABORATORY	0.118004	0	0	3,727,967	0
64.00	06400 INTRAVENOUS THERAPY	0.932633	0	0	154,287	0
65.00	06500 RESPIRATORY THERAPY	0.206146	0	0	169,753	0
66.00	06600 PHYSICAL THERAPY	0.524800	0	0	229,376	0
67.00	06700 OCCUPATIONAL THERAPY	0.493646	0	0	90,736	0
68.00	06800 SPEECH PATHOLOGY	0.493279	0	0	56,722	0
69.00	06900 ELECTROCARDIOLOGY	0.091066	0	0	505,361	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.199465	0	0	120,361	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440669	0	0	446,405	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398304	0	0	622,112	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208225	0	0	18,701,951	0
74.00	07400 RENAL DIALYSIS	0.300690	0	0	0	0
76.00	03330 ENDOSCOPY	0.217227	0	0	64,511	0
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.523060	0	0	678,962	0
76.03	03951 LUTHERWOOD PARTNERSHIP	4.635037	0	0	505,813	0
76.04	03952 WOUND CARE CENTER	0.285784	0	0	622,612	0
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.239869	0	0	4,488,301	0
76.06	03953 IMAGING CENTERS	0.151314	0	0	869,104	0
76.07	03954 BREAST DIAGNOSTIC CENTER	0.623944	0	0	51,099	0
76.97	07697 CARDIAC REHABILITATION	0.686088	0	0	12,427	0
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.252218	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02	04951 HEALTHY HEARTS CENTER	0.625375	0	0	35,390	0
90.03	09001 CLINIC	0.000000	0	0	0	0
90.04	04953 SPINE CENTER	0.000000	0	0	0	0
90.05	04954 INFUSION CENTERS	0.416811	0	0	16,597	0
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0
90.07	09003 KNEE CENTER	1.403446	0	0	5,650	0
90.08	09004 PALLIATIVE CARE	0.002721	0	0	4,740	0
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.137459	0	0	15,453,594	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.728568	0	0	401,630	0
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		0	0	57,790,164	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	57,790,164	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:24 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	306,253		50.00
51.00 05100 RECOVERY ROOM	0	40,224		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	287,857		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	28,635		55.00
57.00 05700 CT SCAN	0	247,281		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	50,161		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	75,832		59.00
60.00 06000 LABORATORY	0	439,915		60.00
64.00 06400 INTRAVENOUS THERAPY	0	143,893		64.00
65.00 06500 RESPIRATORY THERAPY	0	34,994		65.00
66.00 06600 PHYSICAL THERAPY	0	120,377		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	44,791		67.00
68.00 06800 SPEECH PATHOLOGY	0	27,980		68.00
69.00 06900 ELECTROCARDIOLOGY	0	46,021		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	24,008		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	196,717		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	247,790		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,894,214		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	14,014		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	355,138		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	2,344,462		76.03
76.04 03952 WOUND CARE CENTER	0	177,933		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	1,076,604		76.05
76.06 03953 IMAGING CENTERS	0	131,508		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	31,883		76.07
76.97 07697 CARDIAC REHABILITATION	0	8,526		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	22,132		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	6,918		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	7,929		90.07
90.08 09004 PALLIATIVE CARE	0	13		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	2,124,236		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	292,615		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	12,850,854		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	12,850,854		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 3:24 pm
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)		75,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,492	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)		69,845	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)		13,753	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)		90,865,582	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)		90,865,582	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)		90,865,582	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)		1,203.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,553,798	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)		16,553,798	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 3:24 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	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	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	25,392,447	12,316	2,061.74	3,549	7,317,115		43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,476,117	2,085	1,187.59	0	0		47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,031,404		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					58,902,317		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)					2,448,264		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,981,008		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,429,272		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,473,045		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)					5,647		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,203.65		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,797,012		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 3:24 pm	
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	7,435,025	90,865,582	0.081824	6,797,012	556,159	90.00
91.00	Nursing School cost	0	90,865,582	0.000000	6,797,012	0	91.00
92.00	Allied health cost	0	90,865,582	0.000000	6,797,012	0	92.00
93.00	All other Medical Education	0	90,865,582	0.000000	6,797,012	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 8/2/2021 3:24 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		75,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,492	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)		69,845	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)		6,771	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)		1,682	15.00
16.00	Nursery days (title V or XIX only)		1,420	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)		96,873,899	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)		96,873,899	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)		96,873,899	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)		1,283.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,688,750	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)		8,688,750	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 3:24 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	1,633,532	1,682	971.18	1,420	1,379,076	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	25,447,392	12,316	2,066.21	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,551,454	2,085	1,223.72	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,352,956	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,420,782	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)					930,343	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					460,569	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,390,912	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,029,870	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)					5,647	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,283.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,246,400	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 3:24 pm	
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	7,435,025	96,873,899	0.076750	7,246,400	556,161	90.00
91.00	Nursing School cost	0	96,873,899	0.000000	7,246,400	0	91.00
92.00	Allied health cost	0	96,873,899	0.000000	7,246,400	0	92.00
93.00	All other Medical Education	0	96,873,899	0.000000	7,246,400	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 3:24 pm	
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		31,541,762	30.00
31.00	03100	INTENSIVE CARE UNIT		15,096,571	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227181	30,404,546	50.00
51.00	05100	RECOVERY ROOM	0.146455	1,667,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.684467	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167755	3,192,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070165	3,947,871	55.00
57.00	05700	CT SCAN	0.058687	7,034,159	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.144987	1,006,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051693	30,210,023	59.00
60.00	06000	LABORATORY	0.118004	21,328,265	60.00
64.00	06400	INTRAVENOUS THERAPY	0.932633	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.206146	7,282,345	65.00
66.00	06600	PHYSICAL THERAPY	0.524800	1,050,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.493646	905,037	67.00
68.00	06800	SPEECH PATHOLOGY	0.493279	308,607	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088284	4,491,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199465	196,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440669	11,201,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398304	18,574,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207945	16,633,723	73.00
74.00	07400	RENAL DIALYSIS	0.300690	2,748,293	74.00
76.00	03330	ENDOSCOPY	0.217227	62,391	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.494004	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	4.635037	0	76.03
76.04	03952	WOUND CARE CENTER	0.282138	241,883	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.239869	461,924	76.05
76.06	03953	IMAGING CENTERS	0.151314	7,520	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.623944	1,548	76.07
76.97	07697	CARDIAC REHABILITATION	0.686088	337	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.252218	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.625375	0	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPI NE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.416811	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.387064	0	90.07
90.08	09004	PALLIATIVE CARE	0.002721	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.135648	12,706,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.728568	1,104,791	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		176,769,628	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)		176,769,628	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 3:24 pm	
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		13,762,063	30.00
31.00	03100	INTENSIVE CARE UNIT		2,769,859	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,804,251	35.00
43.00	04300	NURSERY		373,505	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.230351	2,915,498	671,588 50.00
51.00	05100	RECOVERY ROOM	0.146455	330,039	48,336 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.684467	455,775	311,963 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167755	561,269	94,156 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070165	402,234	28,223 55.00
57.00	05700	CT SCAN	0.058687	1,389,394	81,539 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.144987	242,310	35,132 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051693	1,699,212	87,837 59.00
60.00	06000	LABORATORY	0.118004	4,898,647	578,060 60.00
64.00	06400	INTRAVENOUS THERAPY	0.932633	38,109	35,542 64.00
65.00	06500	RESPIRATORY THERAPY	0.206146	1,480,833	305,268 65.00
66.00	06600	PHYSICAL THERAPY	0.524800	161,931	84,981 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.493646	128,459	63,413 67.00
68.00	06800	SPEECH PATHOLOGY	0.493279	85,669	42,259 68.00
69.00	06900	ELECTROCARDIOLOGY	0.091066	492,896	44,886 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199465	48,619	9,698 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.440669	2,176,964	959,321 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398304	1,108,916	441,686 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208225	3,840,647	799,719 73.00
74.00	07400	RENAL DIALYSIS	0.300690	176,027	52,930 74.00
76.00	03330	ENDOSCOPY	0.217227	100,776	21,891 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.523060	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	4.635037	0	0 76.03
76.04	03952	WOUND CARE CENTER	0.285784	38,693	11,058 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.239869	206,264	49,476 76.05
76.06	03953	IMAGING CENTERS	0.151314	3,985	603 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.623944	0	0 76.07
76.97	07697	CARDIAC REHABILITATION	0.686088	442	303 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.252218	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0.625375	250	156 90.02
90.03	09001	CLINIC	0.000000	0	0 90.03
90.04	04953	SPI NE CENTER	0.000000	0	0 90.04
90.05	04954	INFUSION CENTERS	0.416811	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0 90.06
90.07	09003	KNEE CENTER	1.403446	0	0 90.07
90.08	09004	PALLIATIVE CARE	0.002721	0	0 90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.137459	2,770,573	380,840 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.728568	153,853	112,092 92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		25,908,284	5,352,956 200.00
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)		25,908,284	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 3:24 pm	
		Title XVIII	Hospital	PPS	
		Before GEO Recl ass	On/After GEO Recl ass		
		1.00	1.01		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	29,797,166	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0	13,874,554	1.02	
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04	
2.00	Outlier payments for discharges. (see instructions)			2.00	
2.01	Outlier reconciliation amount	0	0	2.01	
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02	
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	920,835	0	2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	0	312,991	2.04	
3.00	Managed Care Simulated Payments	22,874,299	11,924,699	3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	336.80		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)	32.51		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)	2.69		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).	-11.05		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.	9.83		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)	28.60		9.00	
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	43.61		10.00	
11.00	FTE count for residents in dental and podiatric programs.	3.24		11.00	
12.00	Current year allowable FTE (see instructions)	31.84		12.00	
13.00	Total allowable FTE count for the prior year.	33.31		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.	26.15		14.00	
15.00	Sum of lines 12 through 14 divided by 3.	30.43		15.00	
16.00	Adjustment for residents in initial years of the program	0.00		16.00	
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00	
18.00	Adjusted rolling average FTE count	30.43		18.00	
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.090350		19.00	
20.00	Prior year resident to bed ratio (see instructions)	0.085726		20.00	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.085726		21.00	
22.00	IME payment adjustment (see instructions)	1,362,535	634,442	22.00	
22.01	IME payment adjustment - Managed Care (see instructions)	1,045,973	545,281	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)	15.01		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	0	28.00	
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01	
29.00	Total IME payment (sum of lines 22 and 28)	1,362,535	634,442	29.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,045,973	545,281	29.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	9.25		30.00	
31.00	Percentage of Medicaid patient days (see instructions)	42.18		31.00	
32.00	Sum of lines 30 and 31	51.43		32.00	
33.00	Allowable disproportionate share percentage (see instructions)	31.64	31.64	33.00	
34.00	Disproportionate share adjustment (see instructions)	2,356,956	1,097,477	34.00	

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		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)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000259811	0.000319716	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,169,581	2,650,448	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,624,222	668,059	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,292,281		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	40.00
		Before GEO Recl ass	On/After GEO Recl ass	
		1.00	1.01	
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	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)	36,153,571	16,495,666	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)		54,240,491	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,704,673	50.00
51.00	Exception on 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).		349,442	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		87,187	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		58,381,793	59.00
60.00	Primary payer payments		33,155	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		58,348,638	61.00
62.00	Deductibles billed to program beneficiaries		3,595,856	62.00
63.00	Coinurance billed to program beneficiaries		156,178	63.00
64.00	Allowable bad debts (see instructions)		590,121	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		383,579	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		418,391	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,980,183	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		8,370	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)		-56,408	70.93
70.94	HRR adjustment amount (see instructions)		-417,939	70.94
70.95	Recovery of accelerated depreciation		0	70.95

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		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)		378,225	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		54,119,241	71.00
71.01	Sequestration adjustment (see instructions)		357,187	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		53,646,738	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)		115,316	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		1,398,592	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. 11, 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

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		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		61,052	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		103,663,001	2.00
3.00	OPPS payments		78,925,383	3.00
4.00	Outlier payment (see instructions)		544,652	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		61,052	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		310,917	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)		310,917	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)		310,917	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		249,865	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)		61,052	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)		79,470,035	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		16,180	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		13,405,074	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)		66,109,833	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		615,661	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)		66,725,494	30.00
31.00	Primary payer payments		5,727	31.00
32.00	Subtotal (line 30 minus line 31)		66,719,767	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)		851,506	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		553,479	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		668,525	36.00
37.00	Subtotal (see instructions)		67,273,246	37.00
38.00	MSP-LCC reconciliation amount from PS&R		110	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	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)		29,976	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		67,273,136	40.00
40.01	Sequestration adjustment (see instructions)		444,003	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		67,378,996	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-549,863	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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: 15-0074		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 8/2/2021 3:24 pm	
		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		53,414,338		66,937,096	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	10/02/2020	232,400	10/02/2020	441,900	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)		232,400		441,900	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)		53,646,738		67,378,996	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		115,316		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		549,863	6.02	
7.00	Total Medicare program liability (see instructions)		53,762,054		66,829,133	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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 8/2/2021 3:24 pm
		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: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 3:24 pm
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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.		26.92	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		2.82	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))		-11.05	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		8.75	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)		21.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		43.61	6.00
7.00	Enter the lesser of line 5 or line 6		21.80	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.	32.70	10.90	43.60	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.	16.35	5.45	21.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.24		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		6.24		10.01
11.00	Total weighted FTE count	16.35	8.69		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.07	8.44		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	33.13	7.26		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	22.52	8.13		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	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	22.52	8.13		17.00
18.00	Per resident amount	87,856.26	88,687.22		18.00
19.00	Approved amount for resident costs	1,978,523	721,027	2,699,550	19.00

					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)			21.81	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)			2,699,550	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) (Title XIX - see S-2 Part IX, line 3.02, column 2)	17,302	13,931		26.00
27.00	Total Inpatient Days (see instructions)	84,636	84,636		27.00
28.00	Ratio of inpatient days to total inpatient days	0.204428	0.164599		28.00
29.00	Program direct GME amount	551,864	444,343	996,207	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		31,104	31,104	30.00
31.00	Net Program direct GME amount			965,103	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 3:24 pm
		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)		7,233,567	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)		58,902,317	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)		33,155	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		58,869,162	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		103,724,053	42.00
43.00	Primary payer payments (see instructions)		5,727	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		103,718,326	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		162,587,488	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.362077	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.637923	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		965,103	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		349,442	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		615,661	50.00

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

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
8/2/2021 3:24 pm

		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	10,280	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	131,833	0	0	0	3.00
4.00	Accounts receivable	510,979,151	0	0	0	4.00
5.00	Other receivable	53,400,585	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	22,166,122	0	0	0	6.00
7.00	Inventory	11,905,174	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,687,853	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)	603,280,998	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,209,543	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	517,411,041	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	11,643,583	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	217,856,751	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	238,280	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-372,821,632	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	58,900	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	381,339,515	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	249,283,586	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	249,283,586	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,233,904,099	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-2,523,123	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-2	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	0	0	0	0	43.00
44.00	Other current liabilities	30,308,049	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,784,924	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	52,445,782	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	52,445,782	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	80,230,706	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,153,673,393	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,153,673,393	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,233,904,099	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
8/2/2021 3:24 pm

		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		919,266,229		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		234,407,164			2.00
3.00	Total (sum of line 1 and line 2)		1,153,673,393		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,153,673,393		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)		1,153,673,393		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	Additions (credit adjustments) (specify)		0			4.00
5.00			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: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
8/2/2021 3:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,695,518		65,695,518	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)	65,695,518		65,695,518	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,417,049		16,417,049	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	16,539,090		16,539,090	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	32,956,139		32,956,139	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,651,657		98,651,657	17.00
18.00	Ancillary services	740,046,125	1,981,679,870	2,721,725,995	18.00
19.00	Outpatient services	0	0	0	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	PROFESSIONAL FEES	0	15,981,559	15,981,559	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	838,697,782	1,997,661,429	2,836,359,211	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		760,810,023		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)		760,810,023		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0074

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
8/2/2021 3:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,836,359,211	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,908,923,195	2.00
3.00	Net patient revenues (line 1 minus line 2)	927,436,016	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	760,810,023	4.00
5.00	Net income from service to patients (line 3 minus line 4)	166,625,993	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,940,324	6.00
7.00	Income from investments	11,143,975	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	1,644,698	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	6,353	20.00
21.00	Rental of vending machines	1,014	21.00
22.00	Rental of hospital space	510,574	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	16,063,710	24.00
24.50	COVID-19 PHE Funding	34,470,526	24.50
25.00	Total other income (sum of lines 6-24)	67,781,174	25.00
26.00	Total (line 5 plus line 25)	234,407,167	26.00
27.00	ROUNDING	3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	234,407,164	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 8/2/2021 3:24 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		2,357,643	1,067,432	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		150,815		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)		232.96		3.00
4.00	Number of interns & residents (see instructions)		30.43		4.00
5.00	Indirect medical education percentage (see instructions)		3.76		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)		128,783		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00		8.00
9.00	Sum of lines 7 and 8		0.00		9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00		10.00
11.00	Disproportionate share adjustment (see instructions)		0		11.00
12.00	Total prospective capital payments (see instructions)		3,704,673		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