

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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/9/2021 10:08 am
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PART I - COST REPORT STATUS

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

Date: 7/9/2021 Time: 10:08 am

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH NORTH HOSPITAL (15-0161) 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) CARA BREIDSTER
Officer or Administrator of Provider(s)

CFO
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	29,018	-48,692	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
200.00 Total	0	29,018	-48,692	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 10:08 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 11700 NORTH MERIDIAN ST	PO Box:						1.00		
2.00	City: CARMEL	State: IN	Zip Code: 46032-4656	County: HAMILTON				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	IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	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	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,325	1,403	125	21	4,227	22		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 10:08 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			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.								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)				0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
						1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00	
					Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
					1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				0.00	0.00	0.000000	64.00

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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)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	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)					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

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			1.00	2.00	3.00
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)			0	76.00
			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	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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

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		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	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	
						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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	370,651		0	0	118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N N				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.05	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 10:08 am	
		1.00	2.00				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059			140.00	
		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: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		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	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	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	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 10:08 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	897	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/9/2021 10:08 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00	2.00				
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.					N	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	04/02/2021	Y	04/02/2021		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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/9/2021 10:08 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0161

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

Worksheet S-2
Part II
Date/Time Prepared:
7/9/2021 10:08 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF GOVERNMENT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
7/9/2021 10:08 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,920	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)		120	43,920	0.00	0	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	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,196	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,418	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,534	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		149				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)		12	4,392			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
7/9/2021 10:08 am

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)	7,399	1,177	22,984			1.00
2.00 HMO and other (see instructions)	3,682	5,163				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,399	1,177	22,984			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	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	69	26	558			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	0	4,521			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		735	3,781			13.00
14.00 Total (see instructions)	7,468	1,938	31,844	0.00	924.14	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)			127			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	924.14	27.00
28.00 Observation Bed Days		28	1,765			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	22	1,589			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
7/9/2021 10:08 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,646	89	8,841	1.00
2.00 HMO and other (see instructions)				756	770		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
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,646		89	8,841	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	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: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
7/9/2021 10:08 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	62,866,334	-253,501	62,612,833	1,922,214.27	32.57
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
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		60,237	0	60,237	1,280.00	47.06
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		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)		785,664	221,178	1,006,842	30,135.85	33.41
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		189,837	0	189,837	1,875.50	101.22
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,308,145	0	1,308,145	3,722.68	351.40
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		18,794,637	0	18,794,637	484,618.72	38.78
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,849,122	0	17,849,122		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		262,528	0	262,528		
20.00	Non-physician anesthetist Part A		0	0	0		
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		14,118	0	14,118		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,771,635	0	5,771,635		
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: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
7/9/2021 10:08 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,013,940	-194	1,013,746	8,108.54	125.02	26.00
27.00	Administrative & General	4,018,986	-110,947	3,908,039	93,954.43	41.60	27.00
28.00	Administrative & General under contract (see inst.)	300,034	0	300,034	1,898.21	158.06	28.00
29.00	Maintenance & Repairs	2,136,225	-7,933	2,128,292	65,115.61	32.68	29.00
30.00	Operation of Plant	1,043,073	-26,754	1,016,319	36,870.55	27.56	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,423,253	-7,495	1,415,758	87,510.01	16.18	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	840,595	0	840,595	48,345.86	17.39	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	1,163,236	-4,887	1,158,349	62,317.35	18.59	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,973,750	-17,314	2,956,436	71,618.90	41.28	38.00
39.00	Central Services and Supply	922,925	0	922,925	45,822.37	20.14	39.00
40.00	Pharmacy	3,125,593	-9,157	3,116,436	57,636.87	54.07	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	391,926	0	391,926	10,970.07	35.73	42.00
43.00	Other General Service	219,755	0	219,755	14,178.96	15.50	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
7/9/2021 10:08 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	63,106,131	-253,501	62,852,630	1,922,832.48	32.69	1.00
2.00	Excluded area salaries (see instructions)	785,664	221,178	1,006,842	30,135.85	33.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,320,467	-474,679	61,845,788	1,892,696.63	32.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,292,619	0	20,292,619	490,216.90	41.40	4.00
5.00	Subtotal wage-related costs (see inst.)	23,620,757	0	23,620,757	0.00	38.19	5.00
6.00	Total (sum of lines 3 thru 5)	106,233,843	-474,679	105,759,164	2,382,913.53	44.38	6.00
7.00	Total overhead cost (see instructions)	19,573,291	-184,681	19,388,610	604,347.73	32.08	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/9/2021 10:08 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,335,454	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,197,548	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	283,381	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	26,574	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)	327,546	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	316,366	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	4,579,542	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	58,163	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	1,194	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,125,768	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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/9/2021 10:08 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	189,837	18,125,768	1.00
2.00	Hospital	189,837	18,125,768	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/9/2021 10:08 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.226680	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			9,143,921	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			96,154,967	6.00	
7.00	Medicaid cost (line 1 times line 6)			21,796,408	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)			12,652,487	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)			149	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			34	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)			34	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)			12,652,521	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)	6,248,233	380,779	6,629,012	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,416,349	380,779	1,797,128	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	1,416,349	380,779	1,797,128	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)			8,524,160	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			142,983	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			219,974	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			8,304,186	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,959,384	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,756,512	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,409,033	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		16,250	16,250	11,291,248	11,307,498	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	0	0	1.01
1.02	00102	MOB LEASED SPACE		0	0	745,723	745,723	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,476,149	8,476,149	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,013,940	619,852	1,633,792	11,624,121	13,257,913	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,433	2,433	-2,433	0	5.01
5.02	00550	DATA PROCESSING	0	671	671	-356	315	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,247	3,247	-46,029	-42,782	5.03
5.04	00570	ADMINISTRATIVE	438,381	1,637,252	2,075,633	-1,175,803	899,830	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	3,580,605	57,712,161	61,292,766	-12,031,494	49,261,272	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,136,225	4,852,728	6,988,953	-669,298	6,319,655	6.00
7.00	00700	OPERATION OF PLANT	1,043,073	4,126,328	5,169,401	-278,938	4,890,463	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	128,965	128,965	0	128,965	8.00
9.00	00900	HOUSEKEEPING	1,423,253	3,958,844	5,382,097	-507,558	4,874,539	9.00
10.00	01000	DIETARY	840,595	615,848	1,456,443	-253,765	1,202,678	10.00
11.00	01100	CAFETERIA	1,163,236	1,805,368	2,968,604	-414,471	2,554,133	11.00
13.00	01300	NURSING ADMINISTRATION	2,973,750	977,486	3,951,236	-510,141	3,441,095	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	922,925	1,869,137	2,792,062	6,192,132	8,984,194	14.00
15.00	01500	PHARMACY	3,125,593	38,382,350	41,507,943	-37,379,602	4,128,341	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,846	66,846	-11	66,835	16.00
17.00	01700	SOCIAL SERVICE	391,926	278,067	669,993	-82,329	587,664	17.00
18.00	01850	PATIENT TRANSPORTATION	219,755	89,248	309,003	-67,110	241,893	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,212,026	11,113,289	25,325,315	-5,231,447	20,093,868	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	851,437	1,204,108	2,055,545	-268,341	1,787,204	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,682,088	1,635,870	4,317,958	-698,994	3,618,964	34.02
43.00	04300	NURSERY	0	0	0	1,088,155	1,088,155	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,298,338	21,907,450	26,205,788	-20,477,456	5,728,332	50.00
51.00	05100	RECOVERY ROOM	2,024,254	853,636	2,877,890	-664,042	2,213,848	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,079,535	3,232,217	6,311,752	-1,811,633	4,500,119	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,815,111	4,328,650	8,143,761	-3,712,369	4,431,392	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,523,042	1,912,743	4,435,785	-1,082,391	3,353,394	55.00
56.00	05600	RADIOISOTOPE	248,361	189,212	437,573	-167,106	270,467	56.00
60.00	06000	LABORATORY	671,257	7,972,491	8,643,748	-147,548	8,496,200	60.00
65.00	06500	RESPIRATORY THERAPY	1,997,449	920,988	2,918,437	-753,928	2,164,509	65.00
66.00	06600	PHYSICAL THERAPY	1,907,894	615,195	2,523,089	-437,810	2,085,279	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,463	47,907	312,370	-27,429	284,941	67.00
68.00	06800	SPEECH PATHOLOGY	133,300	40,646	173,946	-29,613	144,333	68.00
69.00	06900	ELECTROCARDIOLOGY	381,907	502,501	884,408	-288,920	595,488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,682	445,848	586,530	-72,893	513,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,781,429	5,781,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,223,206	10,223,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,576,673	37,576,673	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,093,771	2,937,608	4,031,379	-2,409,227	1,622,152	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,482,498	2,578,236	5,060,734	-892,119	4,168,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,080,670	179,581,676	241,662,346	406,232	242,068,578	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	120,355	908,845	1,029,200	-351,643	677,557	192.01
192.02	19202	CHILD BIRTH EDUCATION	83,247	49,330	132,577	6,939	139,516	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	49,702	49,702	-48,347	1,355	192.04
192.05	19205	PHYSICIAN PRACTICE	582,062	869,980	1,452,042	-374,099	1,077,943	192.05
192.06	19206	TIPTON HOSPITAL	0	0	0	53,683	53,683	192.06
192.07	19207	WEST HOSPITAL	0	0	0	245,521	245,521	192.07
192.08	19208	SAXONY HOSPITAL	0	0	0	61,714	61,714	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	62,866,334	181,459,533	244,325,867	0	244,325,867	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,233,047	10,074,451	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	12,436,818	12,436,818	1.01
1.02	00102	MOB LEASED SPACE	-987,356	-241,633	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,262,547	9,738,696	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	702,181	13,960,094	4.00
5.01	00540	NONPATIENT TELEPHONES	-745	-745	5.01
5.02	00550	DATA PROCESSING	8,366,467	8,366,782	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,071,921	1,029,139	5.03
5.04	00570	ADMITTING	1,942,444	2,842,274	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-17,816,458	31,444,814	5.05
6.00	00600	MAINTENANCE & REPAIRS	-1,888,152	4,431,503	6.00
7.00	00700	OPERATION OF PLANT	-165,417	4,725,046	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	128,965	8.00
9.00	00900	HOUSEKEEPING	0	4,874,539	9.00
10.00	01000	DIETARY	-9,650	1,193,028	10.00
11.00	01100	CAFETERIA	-966,018	1,588,115	11.00
13.00	01300	NURSING ADMINISTRATION	-326,363	3,114,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-91,389	8,892,805	14.00
15.00	01500	PHARMACY	-109,861	4,018,480	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,835	16.00
17.00	01700	SOCIAL SERVICE	0	587,664	17.00
18.00	01850	PATIENT TRANSPORTATION	-57,397	184,496	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,936,376	15,157,492	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-764,793	1,022,411	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-641,554	2,977,410	34.02
43.00	04300	NURSERY	0	1,088,155	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-749,598	4,978,734	50.00
51.00	05100	RECOVERY ROOM	0	2,213,848	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,370,645	3,129,474	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-161,636	4,269,756	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-493,088	2,860,306	55.00
56.00	05600	RADIOISOTOPE	0	270,467	56.00
60.00	06000	LABORATORY	-892	8,495,308	60.00
65.00	06500	RESPIRATORY THERAPY	-375	2,164,134	65.00
66.00	06600	PHYSICAL THERAPY	-16,107	2,069,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	284,941	67.00
68.00	06800	SPEECH PATHOLOGY	0	144,333	68.00
69.00	06900	ELECTROCARDIOLOGY	0	595,488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	513,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,781,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,223,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,576,673	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,622,152	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,172,543	2,996,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,177,082	233,891,496	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	677,557	192.01
192.02	19202	CHILD BIRTH EDUCATION	-18,879	120,637	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-445,276	-443,921	192.04
192.05	19205	PHYSICIAN PRACTICE	0	1,077,943	192.05
192.06	19206	TIPTON HOSPITAL	0	53,683	192.06
192.07	19207	WEST HOSPITAL	0	245,521	192.07
192.08	19208	SAXONY HOSPITAL	0	61,714	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,641,237	235,684,630	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,842,449	1.00	
2.00	MOB LEASED SPACE	1.02	0	745,723	2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	176,622	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	
0			0	2,764,794		
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	9,465,049	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	8,299,527	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	
0			0	17,764,576		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,660,728	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	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
7/9/2021 10:08 am

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
0			0	11,660,728		
E - LABOR AND DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	290,714	39,991		1.00
2.00	NURSERY	43.00	22,379	3,078		2.00
0			313,093	43,069		
F - MARKETING						
1.00	PHARMACY	15.00	0	131		1.00
2.00	CHILD BIRTH EDUCATION	192.02	0	10,739		2.00
3.00		0.00	0	0		3.00
0			0	10,870		
G - NURSERY						
1.00	NURSERY	43.00	960,016	102,682		1.00
0			960,016	102,682		
H - FMLA						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	194		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	3,142		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	7,933		3.00
4.00	HOUSEKEEPING	9.00	0	7,495		4.00
5.00	CAFETERIA	11.00	0	4,887		5.00
6.00	NURSING ADMINISTRATION	13.00	0	6,206		6.00
7.00	PHARMACY	15.00	0	9,157		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	52,242		8.00
9.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	15,674		9.00
10.00	OPERATING ROOM	50.00	0	22,378		10.00
11.00	RECOVERY ROOM	51.00	0	18,292		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	27,997		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,191		13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	19,697		14.00
15.00	LABORATORY	60.00	0	822		15.00
16.00	RESPIRATORY THERAPY	65.00	0	15,589		16.00
17.00	PHYSICAL THERAPY	66.00	0	4,926		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,226		18.00
19.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	7,113		19.00
20.00	EMERGENCY	91.00	0	21,340		20.00
0			0	253,501		
J - BILLABLE SUPPLIES						
1.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	2,207		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,781,429		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
0			0	5,783,636		
K - NON-BILLABLE SUPPLIES						
1.00	DATA PROCESSING	5.02	0	432		1.00
2.00	OPERATION OF PLANT	7.00	0	692		2.00
3.00	NURSING ADMINISTRATION	13.00	0	156		3.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,013,512	4.00
5.00	RADIOISOTOPE	56.00	0	6,116	5.00
6.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	28,074	6.00
7.00	OTHER NON-REIMBURSABLE	192.01	0	39	7.00
8.00	CHILD BIRTH EDUCATION	192.02	0	3	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
0					7,049,024
L - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,576,673	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
0					37,576,673
M - NON-BILLABLE DRUGS					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	580	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	18	2.00
3.00	PHARMACY	15.00	0	601,392	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
0					601,990
N - IMPLANTS					
1.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	323	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,223,206	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

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
				10,223,529		
O - NORTH TO TIPTON ISR ALLOCATION						
1.00	TIPTON HOSPITAL	192.06	35,595	18,088		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
	TOTALS		35,595	18,088		
P - NORTH TO WEST ISR ALLOCATION						
1.00	WEST HOSPITAL	192.07	148,119	97,402		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		148,119	97,402		
Q - NORTH TO SAXONY ISR ALLOCATION						
1.00	SAXONY HOSPITAL	192.08	37,464	24,250		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		37,464	24,250		
500.00	Grand Total: Increases		1,494,287	93,974,812		500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
7/9/2021 10:08 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - LEASES						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,300,649	10	1.00
2.00	OPERATION OF PLANT	7.00	0	7,735	10	2.00
3.00	CAFETERIA	11.00	0	85	10	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	67,863	0	4.00
5.00	OPERATING ROOM	50.00	0	108,674	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,652	0	6.00
7.00	OTHER NON-REIMBURSABLE	192.01	0	22,150	0	7.00
8.00	PHYSICIAN PRACTICE	192.05	0	209,986	0	8.00
	0		0	2,764,794		
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,250	9	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,300	9	2.00
3.00	NONPATIENT TELEPHONES	5.01	0	2,433	0	3.00
4.00	DATA PROCESSING	5.02	0	788	0	4.00
5.00	PURCHASING RECEIVING AND STORES	5.03	0	5,102	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.04	0	1,026,382	0	6.00
7.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	9,057,405	0	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	206,874	0	8.00
9.00	OPERATION OF PLANT	7.00	0	13,961	0	9.00
10.00	HOUSEKEEPING	9.00	0	2,191	0	10.00
11.00	DIETARY	10.00	0	6,203	0	11.00
12.00	CAFETERIA	11.00	0	27,913	0	12.00
13.00	NURSING ADMINISTRATION	13.00	0	14,340	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	200,155	0	14.00
15.00	PHARMACY	15.00	0	104,868	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	277,769	0	16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	24,298	0	17.00
18.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	97,120	0	18.00
19.00	OPERATING ROOM	50.00	0	2,239,671	0	19.00
20.00	RECOVERY ROOM	51.00	0	42,810	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	218,952	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,324,478	0	22.00
23.00	RADIOLOGY - THERAPEUTIC	55.00	0	425,396	0	23.00
24.00	LABORATORY	60.00	0	7,637	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	44,487	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	15,599	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	1,337	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	184,694	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,710	0	29.00
30.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	729,188	0	30.00
31.00	EMERGENCY	91.00	0	36,703	0	31.00
32.00	OTHER NON-REIMBURSABLE	192.01	0	292,361	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	48,347	0	33.00
34.00	PHYSICIAN PRACTICE	192.05	0	36,854	9	34.00
	0		0	17,764,576		
C - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.04	0	126,971	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	443,746	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	371,133	0	3.00
4.00	OPERATION OF PLANT	7.00	0	214,824	0	4.00
5.00	HOUSEKEEPING	9.00	0	465,862	0	5.00
6.00	DIETARY	10.00	0	239,694	0	6.00
7.00	CAFETERIA	11.00	0	383,528	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	484,757	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	221,765	0	9.00
10.00	PHARMACY	15.00	0	488,453	0	10.00
11.00	SOCIAL SERVICE	17.00	0	75,106	0	11.00
12.00	PATIENT TRANSPORTATION	18.00	0	67,110	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,638,645	0	13.00
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	212,442	0	14.00
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	429,508	0	15.00
16.00	OPERATING ROOM	50.00	0	843,455	0	16.00
17.00	RECOVERY ROOM	51.00	0	376,210	0	17.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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			
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	626,437	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	612,712	0	19.00	
20.00	RADIOLOGY - THERAPEUTIC	55.00	0	445,033	0	20.00	
21.00	RADIOISOTOPE	56.00	0	55,908	0	21.00	
22.00	LABORATORY	60.00	0	128,731	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	464,676	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	354,917	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	23,436	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	25,412	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	65,634	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,393	0	28.00	
29.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	189,111	0	29.00	
30.00	EMERGENCY	91.00	0	389,676	0	30.00	
31.00	OTHER NON-REIMBURSABLE	192.01	0	37,171	0	31.00	
32.00	CHILD BIRTH EDUCATION	192.02	0	3,803	0	32.00	
33.00	PHYSICIAN PRACTICE	192.05	0	125,469	0	33.00	
			0	11,660,728			
E - LABOR AND DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	313,093	43,069	0	1.00	
2.00		0.00	0	0	0	2.00	
			313,093	43,069			
F - MARKETING							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	8,919	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	200	0	2.00	
3.00	LABORATORY	60.00	0	1,751	0	3.00	
			0	10,870			
G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	960,016	102,682	0	1.00	
			960,016	102,682			
H - FMLA							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	194	0	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	3,142	0	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	7,933	0	0	3.00	
4.00	HOUSEKEEPING	9.00	7,495	0	0	4.00	
5.00	CAFETERIA	11.00	4,887	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	6,206	0	0	6.00	
7.00	PHARMACY	15.00	9,157	0	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	52,242	0	0	8.00	
9.00	PREMATURE INTENSIVE CARE UNIT	34.02	15,674	0	0	9.00	
10.00	OPERATING ROOM	50.00	22,378	0	0	10.00	
11.00	RECOVERY ROOM	51.00	18,292	0	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	27,997	0	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	7,191	0	0	13.00	
14.00	RADIOLOGY - THERAPEUTIC	55.00	19,697	0	0	14.00	
15.00	LABORATORY	60.00	822	0	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	15,589	0	0	16.00	
17.00	PHYSICAL THERAPY	66.00	4,926	0	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	1,226	0	0	18.00	
19.00	CARDIAC CATHETERIZATION LABORATORY	75.01	7,113	0	0	19.00	
20.00	EMERGENCY	91.00	21,340	0	0	20.00	
			253,501	0			
J - BILLABLE SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	36,799	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	2	0	2.00	
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	7,874	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	50	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	822	0	5.00	
6.00	PHARMACY	15.00	0	920	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	84,055	0	7.00	
8.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	5	0	8.00	
9.00	OPERATING ROOM	50.00	0	4,242,279	0	9.00	
10.00	RECOVERY ROOM	51.00	0	9,651	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	297,798	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	151,776	0	12.00	
13.00	RADIOLOGY - THERAPEUTIC	55.00	0	18,088	0	13.00	
14.00	RADIOISOTOPE	56.00	0	42	0	14.00	

RECLASSIFICATIONS

Provider CCN: 15-0161

Period:
From 01/01/2020
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		
15.00	LABORATORY	60.00	0	74	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	15,249	0		16.00
17.00	CARDIAC CATHETERIZATION	75.01	0	880,059	0		17.00
18.00	LABORATORY EMERGENCY	91.00	0	38,093	0		18.00
			0	5,783,636			
K - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,543	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	4,310	0		2.00
3.00	ADMINISTRATIVE	5.04	0	22,448	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,247	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	91,291	0		5.00
6.00	HOUSEKEEPING	9.00	0	39,505	0		6.00
7.00	DIETARY	10.00	0	7,868	0		7.00
8.00	CAFETERIA	11.00	0	2,945	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	396,870	0		9.00
10.00	PHARMACY	15.00	0	281,141	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	11	0		11.00
12.00	SOCIAL SERVICE	17.00	0	65	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,260,658	0		13.00
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	31,553	0		14.00
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	163,465	0		15.00
16.00	OPERATING ROOM	50.00	0	3,248,604	0		16.00
17.00	RECOVERY ROOM	51.00	0	197,870	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	278,579	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	275,291	0		19.00
20.00	RADIOLOGY - THERAPEUTIC	55.00	0	131,342	0		20.00
21.00	LABORATORY	60.00	0	9,309	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	214,165	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	18,176	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	3,993	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	2,864	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	2,296	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,699	0		27.00
28.00	EMERGENCY	91.00	0	352,129	0		28.00
29.00	PHYSICIAN PRACTICE	192.05	0	1,787	0		29.00
			0	7,049,024			
L - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,755	0		1.00
2.00	PHARMACY	15.00	0	37,071,017	0		2.00
3.00	SOCIAL SERVICE	17.00	0	7,158	0		3.00
4.00	OPERATING ROOM	50.00	0	128,006	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	163,600	0		5.00
6.00	RADIOLOGY - THERAPEUTIC	55.00	0	1,054	0		6.00
7.00	RADIOISOTOPE	56.00	0	117,035	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	7,737	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	28	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	36,288	0		10.00
11.00	CARDIAC CATHETERIZATION	75.01	0	10,992	0		11.00
12.00	LABORATORY EMERGENCY	91.00	0	3	0		12.00
			0	37,576,673			
M - NON-BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	455	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	42	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	169,409	0		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	43	0		5.00
6.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	11,431	0		6.00
7.00	OPERATING ROOM	50.00	0	148,060	0		7.00
8.00	RECOVERY ROOM	51.00	0	37,370	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,705	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40,357	0		10.00
11.00	RADIOLOGY - THERAPEUTIC	55.00	0	60,895	0		11.00
12.00	RADIOISOTOPE	56.00	0	237	0		12.00
13.00	LABORATORY	60.00	0	46	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	7,483	0		14.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
15.00	ELECTROCARDIOLOGY	69.00	0	8	0	15.00	
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	18,306	0	16.00	
17.00	EMERGENCY	91.00	0	74,131	0	17.00	
18.00	PHYSICIAN PRACTICE	192.05	0	3	0	18.00	
	0		0	601,990			
N - IMPLANTS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	398	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,786	0	2.00	
3.00	PHARMACY	15.00	0	34,726	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	855	0	4.00	
5.00	OPERATING ROOM	50.00	0	9,518,707	0	5.00	
6.00	RECOVERY ROOM	51.00	0	131	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2	0	7.00	
8.00	RADIOLOGY - THERAPEUTIC	55.00	0	583	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	131	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	49,090	0	10.00	
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,091	0	11.00	
12.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	609,645	0	12.00	
13.00	EMERGENCY	91.00	0	1,384	0	13.00	
	0		0	10,223,529			
O - NORTH TO TIPTON ISR ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	14,951	14,201	0	1.00	
2.00	OPERATION OF PLANT	7.00	3,710	2,268	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	11,108	0	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	5,826	1,619	0	4.00	
	TOTALS		35,595	18,088			
P - NORTH TO WEST ISR ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	74,517	70,777	0	1.00	
2.00	OPERATION OF PLANT	7.00	18,493	11,306	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	55,109	15,319	0	3.00	
	TOTALS		148,119	97,402			
Q - NORTH TO SAXONY ISR ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	18,337	17,416	0	1.00	
2.00	OPERATION OF PLANT	7.00	4,551	2,782	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	14,576	4,052	0	3.00	
	TOTALS		37,464	24,250			
500.00	Grand Total: Decreases		1,747,788	93,721,311		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
7/9/2021 10:08 am

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	1.00	
2.00	Land Improvements	11,942,223	99,079	0	99,079	2.00	
3.00	Buildings and Fixtures	155,595,370	40,688,512	0	40,688,512	3.00	
4.00	Building Improvements	12,302,961	857,659	0	857,659	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	83,730,530	17,971,742	0	17,971,742	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	263,571,084	59,616,992	0	59,616,992	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	263,571,084	59,616,992	0	59,616,992	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	12,041,302	11,917,611			2.00	
3.00	Buildings and Fixtures	196,283,882	0			3.00	
4.00	Building Improvements	12,628,405	619,446			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	101,287,994	54,104,854			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	322,241,583	66,641,911			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	322,241,583	66,641,911			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
7/9/2021 10:08 am

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	NEW CAP REL COSTS-BLDG & FIXT	16,250	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,250	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	NEW CAP REL COSTS-BLDG & FIXT	0	16,250				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,250				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	220,953,589	0	220,953,589	0.685677	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	101,287,995	0	101,287,995	0.314323	0	2.00
3.00	Total (sum of lines 1-2)	322,241,584	0	322,241,584	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,295,091	1,779,360	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	14,652,440	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	-241,633	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,562,074	176,622	2.00
3.00	Total (sum of lines 1-2)	0	0	0	32,509,605	1,714,349	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,074,451	1.00
1.01	NEW CAP REL COSTS-INTEREST	-2,215,622	0	0	0	12,436,818	1.01
1.02	MOB LEASED SPACE	0	0	0	0	-241,633	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,738,696	2.00
3.00	Total (sum of lines 1-2)	-2,215,622	0	0	0	32,008,332	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	B	-2,215,622	NEW CAP REL COSTS-INTEREST	1.01	11	1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			0MOB LEASED SPACE	1.02	0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW 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)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,644,363			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	33,724,205			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-900,912	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees 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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			0NEW CAP REL COSTS-INTEREST	1.01	0	26.01
26.02 Depreciation - MOB LEASED SPACE			0MOB LEASED SPACE	1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
7/9/2021 10:08 am

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 #			
			3.00	4.00	5.00		
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		0	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		0OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00		0	32.00
33.00 MISCELLANEOUS INCOME	B	-512	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.01 MISCELLANEOUS INCOME	B	-745	NONPATIENT TELEPHONES	5.01		0	33.01
33.02 MISCELLANEOUS INCOME	B	-197,372	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.02
33.03 MISCELLANEOUS INCOME	B	-683,028	MAINTENANCE & REPAIRS	6.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-14,370	OPERATION OF PLANT	7.00		0	33.04
33.05 MISCELLANEOUS INCOME	B	-9,650	DIETARY	10.00		0	33.05
33.06 MISCELLANEOUS INCOME	B	-20	NURSING ADMINISTRATION	13.00		0	33.06
33.07 MISCELLANEOUS INCOME	B	-26,250	PHARMACY	15.00		0	33.07
33.08 MISCELLANEOUS INCOME	B	-87	RADIOLOGY-DIAGNOSTIC	54.00		0	33.08
33.09 MISCELLANEOUS INCOME	B	-375	RESPIRATORY THERAPY	65.00		0	33.09
33.10 MISCELLANEOUS INCOME	B	-27,274	PHYSICAL THERAPY	66.00		0	33.10
33.11 IC LEASE INCOME	B	-63,089	NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.11
33.12 IC LEASE INCOME	B	-987,356	MOB LEASED SPACE	1.02		10	33.12
33.13 INTERCOMPANY	B	-106,604	ADMINING	5.04		0	33.13
33.14 INTERCOMPANY	B	-483,241	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.14
33.15 INTERCOMPANY	B	-1,032,981	MAINTENANCE & REPAIRS	6.00		0	33.15
33.16 INTERCOMPANY	B	-151,047	OPERATION OF PLANT	7.00		0	33.16
33.17 INTERCOMPANY	B	-65,106	CAFETERIA	11.00		0	33.17
33.18 INTERCOMPANY	B	-324,508	NURSING ADMINISTRATION	13.00		0	33.18
33.19 INTERCOMPANY	B	-91,389	CENTRAL SERVICES & SUPPLY	14.00		0	33.19
33.20 INTERCOMPANY	B	-83,611	PHARMACY	15.00		0	33.20
33.21 INTERCOMPANY	B	-57,397	PATIENT TRANSPORTATION	18.00		0	33.21
33.22 INTERCOMPANY	B	-7,468	OPERATING ROOM	50.00		0	33.22
33.23 INTERCOMPANY	B	-129,379	RADIOLOGY-DIAGNOSTIC	54.00		0	33.23
33.24 INTERCOMPANY	B	-18,879	CHILD BIRTH EDUCATION	192.02		0	33.24
33.25 INTERCOMPANY	B	-445,276	PHYSICIANS' PRIVATE OFFICES	192.04		0	33.25
33.26 INTERCOMPANY	B	0		0.00		0	33.26
33.27 INTERCOMPANY	B	0		0.00		0	33.27
33.28 INTERCOMPANY	B	0		0.00		0	33.28
33.29 RADIOLOGY START-UP	A	0		0.00		0	33.29
33.30 EMPLOYEE BENEFITS	A	-11,703,313	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.30
33.31 ACCRUED PTO	A	0		0.00		0	33.31
33.32 MEDICAL HOSPITAL ASSESSMENT FEE	A	-12,520,382	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.32
33.33 TELEPHONE EQUIPMENT	A	-167	NURSING ADMINISTRATION	13.00		0	33.33
33.34 TELEPHONE EQUIPMENT	A	-1,045	ADULTS & PEDIATRICS	30.00		0	33.34
33.35 TELEPHONE EQUIPMENT	A	0		0.00		0	33.35
33.36 TELEPHONE EQUIPMENT	A	0		0.00		0	33.36
33.37 TELEPHONE EQUIPMENT	A	-454	PREMATURE INTENSIVE CARE UNIT	34.02		0	33.37
33.38 TELEPHONE EQUIPMENT	A	0		0.00		0	33.38
33.39 TELEPHONE EQUIPMENT	A	0		0.00		0	33.39
33.40 TELEPHONE EQUIPMENT	A	-87	RADIOLOGY-DIAGNOSTIC	54.00		0	33.40
33.41 TELEPHONE EQUIPMENT	A	-892	LABORATORY	60.00		0	33.41
33.42 TELEPHONE EQUIPMENT	A	0		0.00		0	33.42
33.43 TELEPHONE EQUIPMENT	A	0		0.00		0	33.43
33.44 UNWONTED SITUATIONS	A	0		0.00		0	33.44
33.45 UNWONTED SITUATIONS	A	677	ADULTS & PEDIATRICS	30.00		0	33.45
33.46 UNWONTED SITUATIONS	A	-100	OPERATING ROOM	50.00		0	33.46

Provider CCN: 15-0161 Period: From 01/01/2020 To 12/31/2020
 Worksheet A-8
 Date/Time Prepared: 7/9/2021 10:08 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
33.47	UNWONTED SITUATIONS	A	0		0.00	0	33.47
33.48	UNWONTED SITUATIONS	A	-1,668	NURSING ADMINISTRATION	13.00	0	33.48
33.49	UNWONTED SITUATIONS	A	-200	EMERGENCY	91.00	0	33.49
33.50	PHYSICIAN MALPRACTICE INS	A	0		0.00	0	33.50
33.51	CANCER CENTER PLANNING - SALARY	A	0	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.51
33.52	CANCER CENTER PLANNING - OTHER	A	0	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.52
33.53	CARMEL REHAB START-UP	A	0		0.00	0	33.53
33.54	CARMEL REHAB START-UP	A	11,167	PHYSICAL THERAPY	66.00	0	33.54
33.55	CANCER CENTER PLANNING START-UP	A	618,933	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.55
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,641,237				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: 15-0161
 Period: From 01/01/2020 To 12/31/2020
 Worksheet A-8-1
 Date/Time Prepared: 7/9/2021 10:08 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	664,756	1,834,714 1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	14,652,440	0 2.00
3.00	0.00		HOME OFFICE ALLOCATION	0	0 3.00
3.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	1,262,547	0 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	12,583,219	177,213 3.02
4.00	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	8,366,467	0 4.00
4.01	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	1,071,921	0 4.01
4.02	5.04	ADMINI TTING	HOME OFFICE ALLOCATION	2,049,048	0 4.02
4.03	5.05	OTHER ADMINI STRATIVE & GENER	HOME OFFICE ALLOCATION	24,939,351	29,681,474 4.03
4.04	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY	0	172,143 4.04
4.05	13.00	NURSI NG ADMINI STRATION	INTERCOMPANY	73,309	73,309 4.05
4.06	17.00	SOCI AL SERVICE	INTERCOMPANY	137,053	137,053 4.06
4.07	30.00	ADULTS & PEDI ATRI CS	INTERCOMPANY	4,979,436	4,979,436 4.07
4.08	34.01	PEDI ATRI C INTENSI VE CARE UNI	INTERCOMPANY	785,253	785,253 4.08
4.09	34.02	PREMATURE INTENSI VE CARE UNI	INTERCOMPANY	666,100	666,100 4.09
4.10	50.00	OPERATI NG ROOM	INTERCOMPANY	574,241	574,241 4.10
4.11	52.00	DELI VERY ROOM & LABOR ROOM	INTERCOMPANY	1,353,656	1,353,656 4.11
4.12	54.00	RADI OLOGY-DI AGNOSTI C	INTERCOMPANY	128,653	128,653 4.12
4.13	55.00	RADI OLOGY - THERAPEUTI C	INTERCOMPANY	559,029	559,029 4.13
4.14	60.00	LABORATORY	INTERCOMPANY	7,266,847	7,266,847 4.14
4.15	65.00	RESPI RATORY THERAPY	INTERCOMPANY	12,371	12,371 4.15
4.16	66.00	PHYSI CAL THERAPY	INTERCOMPANY	4,936	4,936 4.16
4.17	69.00	ELECTROCARDI OLOGY	INTERCOMPANY	168,391	168,391 4.17
4.18	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY	259,351	259,351 4.18
4.19	75.01	CARDI AC CATHERI ZATI ON LABORA	INTERCOMPANY	190,343	190,343 4.19
4.20	91.00	EMERGENCY	INTERCOMPANY	1,307,918	1,307,918 4.20
4.21	192.01	OTHER NON-REI MBURSABLE	INTERCOMPANY	9,597	9,597 4.21
4.22	192.02	CHI LDBI RTH EDUCATI ON	INTERCOMPANY	27,400	27,400 4.22
4.23	192.05	PHYSI CI AN PRACTI CE	INTERCOMPANY	153,030	153,030 4.23
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			84,246,663	50,522,458 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		0.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
7/9/2021 10:08 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,169,958	9	1.00
2.00	14,652,440	9	2.00
3.00	0	0	3.00
3.01	1,262,547	9	3.01
3.02	12,406,006	0	3.02
4.00	8,366,467	0	4.00
4.01	1,071,921	0	4.01
4.02	2,049,048	0	4.02
4.03	-4,742,123	0	4.03
4.04	-172,143	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
5.00	33,724,205		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0161

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

Worksheet A-8-2

Date/Time Prepared:
7/9/2021 10:08 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	492,273	492,273	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	4,936,008	4,936,008	0	179,000	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	764,793	764,793	0	169,700	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	641,100	641,100	0	169,700	0	4.00
5.00	50.00	OPERATING ROOM	742,030	742,030	0	246,400	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,370,645	1,370,645	0	237,100	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	32,083	32,083	0	271,900	0	7.00
8.00	91.00	EMERGENCY	1,172,343	1,172,343	0	211,500	0	8.00
9.00	55.00	RADIOLOGY - THERAPEUTIC	493,088	493,088	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			10,644,363	10,644,363	0	0	0	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	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	492,273	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,936,008	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	764,793	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	641,100	4.00
5.00	50.00	OPERATING ROOM	0	0	0	742,030	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,370,645	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	32,083	7.00
8.00	91.00	EMERGENCY	0	0	0	1,172,343	8.00
9.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	493,088	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	10,644,363	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,074,451	10,074,451				1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST	12,436,818	0	12,436,818			1.01	
1.02 00102 MOB LEASED SPACE	-241,633	0	0	-241,633		1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	9,738,696				9,738,696	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	13,960,094	28,153	34,755	0	1,681	4.00	
5.01 00540 NONPATIENT TELEPHONES	-745	0	0	0	0	5.01	
5.02 00550 DATA PROCESSING	8,366,782	124,090	153,188	0	0	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	1,029,139	234,055	288,938	0	6,599	5.03	
5.04 00570 ADMITTING	2,842,274	77,299	95,425	0	463,919	5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL	31,444,814	268,545	331,516	0	1,127,730	5.05	
6.00 00600 MAINTENANCE & REPAIRS	4,431,503	96,467	119,087	0	126,693	6.00	
7.00 00700 OPERATION OF PLANT	4,725,046	1,476,957	1,823,290	0	53,476	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	128,965	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	4,874,539	124,404	153,576	0	2,834	9.00	
10.00 01000 DIETARY	1,193,028	53,324	65,829	0	8,023	10.00	
11.00 01100 CAFETERIA	1,588,115	320,535	395,698	0	47,001	11.00	
13.00 01300 NURSING ADMINISTRATION	3,114,732	208,923	257,913	0	8,036	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	8,892,805	355,614	439,002	0	284,342	14.00	
15.00 01500 PHARMACY	4,018,480	157,933	194,967	0	125,945	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	66,835	18,638	23,008	0	0	16.00	
17.00 01700 SOCIAL SERVICE	587,664	12,949	15,985	0	0	17.00	
18.00 01850 PATIENT TRANSPORTATION	184,496	0	0	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	15,157,492	1,731,474	2,137,487	0	337,170	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	1,022,411	163,681	202,063	0	27,924	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	2,977,410	435,365	537,454	0	80,238	34.02	
43.00 04300 NURSERY	1,088,155	202,095	249,485	0	15,542	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,978,734	923,898	1,140,543	0	1,553,303	50.00	
51.00 05100 RECOVERY ROOM	2,213,848	182,025	224,708	0	53,536	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,129,474	560,299	691,684	0	251,993	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,269,756	295,030	364,212	0	3,710,908	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	2,860,306	782,405	965,872	0	571,056	55.00	
56.00 05600 RADIOISOTOPE	270,467	21,247	26,230	0	5,096	56.00	
60.00 06000 LABORATORY	8,495,308	217,947	269,054	0	978	60.00	
65.00 06500 RESPIRATORY THERAPY	2,164,134	37,060	45,751	0	79,355	65.00	
66.00 06600 PHYSICAL THERAPY	2,069,172	6,847	8,453	0	14,881	66.00	
67.00 06700 OCCUPATIONAL THERAPY	284,941	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	144,333	0	0	0	1,729	68.00	
69.00 06900 ELECTROCARDIOLOGY	595,488	42,809	52,847	0	238,889	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	513,637	14,400	17,777	0	43,087	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,781,429	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	10,223,206	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	37,576,673	0	0	0	0	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	1,622,152	264,562	326,600	0	414,084	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	2,996,072	232,034	286,444	0	69,037	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	233,891,496	9,671,064	11,938,841	0	9,725,085	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	677,557	45,281	55,899	0	0	192.01	
192.02 19202 CHILD BIRTH EDUCATION	120,637	0	0	0	0	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	-443,921	331,522	409,261	0	1,083	192.04	
192.05 19205 PHYSICIAN PRACTICE	1,077,943	0	0	0	12,528	192.05	
192.06 19206 Tipton Hospital	53,683	2,590	3,197	0	0	192.06	
192.07 19207 WEST Hospital	245,521	19,070	23,541	0	0	192.07	
192.08 19208 SAXONY Hospital	61,714	4,924	6,079	0	0	192.08	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	-241,633	201.00	
202.00	TOTAL (sum lines 118 through 201)	235,684,630	10,074,451	12,436,818	-241,633	9,738,696	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,024,683					4.00
5.01	00540	NONPATIENT TELEPHONES	0	-745				5.01
5.02	00550	DATA PROCESSING	0	0	8,644,060			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,558,731		5.03
5.04	00570	ADMINISTRATIVE	99,809	0	73,080	1,559	3,653,365	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	789,961	0	335,340	2,736	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	484,563	0	294,103	6,811	0	6.00
7.00	00700	OPERATION OF PLANT	231,392	0	163,725	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	322,336	0	395,175	2,747	0	9.00
10.00	01000	DIETARY	191,384	0	218,300	546	0	10.00
11.00	01100	CAFETERIA	263,729	0	281,422	221	0	11.00
13.00	01300	NURSING ADMINISTRATION	673,112	0	322,283	18	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,129	0	206,934	27,809	0	14.00
15.00	01500	PHARMACY	709,541	0	260,287	19,774	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	89,233	0	49,503	6	0	17.00
18.00	01850	PATIENT TRANSPORTATION	50,033	0	64,062	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,071,462	0	1,945,532	89,775	306,892	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	193,853	0	109,807	2,099	11,789	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	607,081	0	348,866	11,185	76,361	34.02
43.00	04300	NURSERY	223,669	0	141,181	0	23,387	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	973,538	0	598,915	238,185	691,669	50.00
51.00	05100	RECOVERY ROOM	456,711	0	253,524	13,605	92,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	623,481	0	347,081	20,651	123,561	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	849,784	0	458,673	19,129	212,583	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	569,954	0	332,991	9,069	203,522	55.00
56.00	05600	RADIOISOTOPE	56,546	0	27,334	100	28,956	56.00
60.00	06000	LABORATORY	152,643	0	289,500	666	162,046	60.00
65.00	06500	RESPIRATORY THERAPY	451,224	0	157,807	14,621	44,690	65.00
66.00	06600	PHYSICAL THERAPY	433,262	0	218,112	1,281	29,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	60,212	0	30,340	264	6,567	67.00
68.00	06800	SPEECH PATHOLOGY	30,349	0	14,278	191	2,682	68.00
69.00	06900	ELECTROCARDIOLOGY	86,672	0	46,121	241	46,142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,030	0	18,599	472	10,936	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	379,048	125,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	670,273	312,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	754,530	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	247,407	0	139,866	1,335	116,907	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	560,349	0	340,224	24,183	270,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,795,449	0	8,482,965	1,558,601	3,653,365	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	27,402	0	30,904	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	18,953	0	12,775	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	132,522	0	92,430	130	0	192.05
192.06	19206	TIPTON HOSPITAL	8,104	0	4,133	0	0	192.06
192.07	19207	WEST HOSPITAL	33,723	0	16,720	0	0	192.07
192.08	19208	SAXONY HOSPITAL	8,530	0	4,133	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	-745	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,024,683	-745	8,644,060	1,558,731	3,653,365	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5A.04	5.05	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	34,300,642	34,300,642			5.05	
6.00	00600	MAINTENANCE & REPAIRS	5,559,227	945,736	6,504,963		6.00	
7.00	00700	OPERATION OF PLANT	8,473,886	1,441,577	1,039,121	10,954,584	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	128,965	21,940	0	150,905	8.00	
9.00	00900	HOUSEKEEPING	5,875,611	999,559	87,525	175,417	9.00	
10.00	01000	DIETARY	1,730,434	294,381	37,517	75,191	10.00	
11.00	01100	CAFETERIA	2,896,721	492,790	225,514	451,973	11.00	
13.00	01300	NURSING ADMINISTRATION	4,585,017	780,003	146,989	294,593	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	10,416,635	1,772,078	250,194	501,436	14.00	
15.00	01500	PHARMACY	5,486,927	933,436	111,115	222,695	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	108,482	18,455	13,113	26,281	16.00	
17.00	01700	SOCIAL SERVICE	755,340	128,498	9,110	18,258	17.00	
18.00	01850	PATIENT TRANSPORTATION	298,591	50,796	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,777,284	4,215,112	1,218,188	2,441,481	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,733,627	294,925	115,159	230,800	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,073,960	863,182	306,303	613,890	34.02	
43.00	04300	NURSERY	1,943,514	330,631	142,185	284,966	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,098,785	1,888,125	650,013	1,302,750	50.00	
51.00	05100	RECOVERY ROOM	3,490,041	593,726	128,065	256,666	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,748,224	977,888	394,201	790,054	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,180,075	1,731,834	207,570	416,010	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	6,295,175	1,070,935	550,466	1,103,237	55.00	
56.00	05600	RADIOISOTOPE	435,976	74,168	14,949	29,960	56.00	
60.00	06000	LABORATORY	9,588,142	1,631,135	153,338	307,319	60.00	
65.00	06500	RESPIRATORY THERAPY	2,994,642	509,448	26,074	52,257	65.00	
66.00	06600	PHYSICAL THERAPY	2,781,638	473,212	4,817	9,655	66.00	
67.00	06700	OCCUPATIONAL THERAPY	382,324	65,041	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	193,562	32,929	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,109,209	188,699	30,118	60,363	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	650,938	110,738	10,131	20,305	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,285,642	1,069,313	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,206,390	1,906,431	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	38,331,203	6,520,870	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,132,913	532,971	186,134	373,048	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,778,698	812,952	163,249	327,181	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,828,440	33,773,514	6,221,158	10,385,786	150,905	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	OTHER NON-REIMBURSABLE	837,043	142,398	31,857	63,848	192.01	
192.02	19202	CHILDBIRTH EDUCATION	152,365	25,920	0	0	192.02	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03	
192.04	19204	PHYSICIANS' PRIVATE OFFICES	297,945	50,686	233,244	467,465	192.04	
192.05	19205	PHYSICIAN PRACTICE	1,315,553	223,802	0	0	192.05	
192.06	19206	TIPTON HOSPITAL	71,707	12,199	1,822	3,652	192.06	
192.07	19207	WEST HOSPITAL	338,575	57,598	13,417	26,889	192.07	
192.08	19208	SAXONY HOSPITAL	85,380	14,525	3,465	6,944	192.08	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	-242,378	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	235,684,630	34,300,642	6,504,963	10,954,584	150,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	7,138,112				9.00
10.00	01000	DIETARY	49,792	2,187,315			10.00
11.00	01100	CAFETERIA	299,303	0	4,366,301		11.00
13.00	01300	NURSING ADMINISTRATION	195,084	0	204,446	6,206,132	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	332,058	0	131,272	0	14.00
15.00	01500	PHARMACY	147,471	0	165,118	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,403	0	0	174,799	16.00
17.00	01700	SOCIAL SERVICE	12,091	0	31,403	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	40,639	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,616,782	1,960,786	1,234,184	2,460,156	793,598
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	152,839	42,218	69,658	192,818	18,552
34.02	03402	PREMATURE INTENSIVE CARE UNIT	406,527	0	221,309	577,547	98,874
43.00	04300	NURSERY	188,708	0	89,561	202,441	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	862,699	0	379,932	666,512	2,105,525
51.00	05100	RECOVERY ROOM	169,968	9,122	160,828	419,952	120,268
52.00	05200	DELIVERY ROOM & LABOR ROOM	523,185	114,574	220,177	519,266	182,553
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,488	0	290,968	101,856	169,095
55.00	05500	RADIOLOGY - THERAPEUTIC	730,579	0	211,239	319,185	80,165
56.00	05600	RADIOISOTOPE	19,840	0	17,340	0	881
60.00	06000	LABORATORY	203,511	0	183,650	122,009	5,887
65.00	06500	RESPIRATORY THERAPY	34,605	0	100,108	1,089	129,249
66.00	06600	PHYSICAL THERAPY	6,393	0	138,363	0	11,324
67.00	06700	OCCUPATIONAL THERAPY	0	0	19,247	0	2,336
68.00	06800	SPEECH PATHOLOGY	0	0	9,057	0	1,687
69.00	06900	ELECTROCARDIOLOGY	39,973	0	29,258	0	2,132
70.00	07000	ELECTROENCEPHALOGRAPHY	13,446	0	11,798	0	4,171
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,350,737
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,925,058
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	247,038	43,574	88,726	158,685	11,798
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	216,664	17,041	215,827	455,538	213,777
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,761,447	2,187,315	4,264,108	6,197,054	13,402,525
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	42,281	0	19,604	0	2
192.02	19202	CHILD BIRTH EDUCATION	0	0	8,104	1,816	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	309,562	0	0	0	0
192.05	19205	PHYSICIAN PRACTICE	0	0	58,634	1,634	1,146
192.06	19206	TIPTON HOSPITAL	2,418	0	2,622	5,628	0
192.07	19207	WEST HOSPITAL	17,806	0	10,607	0	0
192.08	19208	SAXONY HOSPITAL	4,598	0	2,622	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,138,112	2,187,315	4,366,301	6,206,132	13,403,673

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal		
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
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	7,241,561					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	183,740				16.00	
17.00 01700 SOCIAL SERVICE	0	0	954,753			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	390,026		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	32,132	15,405	689,111	32,777	41,595,915	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	8	592	16,730	1,259	2,871,829	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	2,168	3,833	135,549	8,156	8,332,722	34.02	
43.00 04300 NURSERY	0	1,174	113,363	2,498	3,316,959	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	28,083	34,718	0	73,873	19,091,015	50.00	
51.00 05100 RECOVERY ROOM	7,088	4,622	0	9,835	5,370,181	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,393	6,202	0	13,197	9,495,914	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,972	10,671	0	22,705	13,414,244	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	11,550	10,216	0	21,737	10,404,484	55.00	
56.00 05600 RADIOISOTOPE	45	1,453	0	3,093	597,705	56.00	
60.00 06000 LABORATORY	9	8,134	0	17,307	12,220,441	60.00	
65.00 06500 RESPIRATORY THERAPY	1,419	2,243	0	4,773	3,855,907	65.00	
66.00 06600 PHYSICAL THERAPY	0	1,487	0	3,165	3,430,054	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	330	0	701	469,979	67.00	
68.00 06800 SPEECH PATHOLOGY	0	135	0	286	237,656	68.00	
69.00 06900 ELECTROCARDIOLOGY	2	2,316	0	4,928	1,466,998	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	549	0	1,168	823,244	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,283	0	13,368	10,725,343	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	15,707	0	33,420	19,087,006	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	7,127,159	38,231	0	80,419	52,097,882	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	3,472	5,868	0	12,486	4,796,713	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	14,060	13,571	0	28,875	7,257,433	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,241,560	183,740	954,753	390,026	230,959,624	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	1,137,033	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	188,205	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,358,902	192.04	
192.05 19205 PHYSICIAN PRACTICE	1	0	0	0	1,600,770	192.05	
192.06 19206 TIPTON HOSPITAL	0	0	0	0	100,048	192.06	
192.07 19207 WEST HOSPITAL	0	0	0	0	464,892	192.07	
192.08 19208 SAXONY HOSPITAL	0	0	0	0	117,534	192.08	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	-242,378	201.00	
202.00	TOTAL (sum lines 118 through 201)	7,241,561	183,740	954,753	390,026	235,684,630	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
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
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 41,595,915	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0 2,871,829	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0 8,332,722	34.02
43.00	04300	NURSERY	0 3,316,959	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 19,091,015	50.00
51.00	05100	RECOVERY ROOM	0 5,370,181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 9,495,914	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 13,414,244	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0 10,404,484	55.00
56.00	05600	RADIOISOTOPE	0 597,705	56.00
60.00	06000	LABORATORY	0 12,220,441	60.00
65.00	06500	RESPIRATORY THERAPY	0 3,855,907	65.00
66.00	06600	PHYSICAL THERAPY	0 3,430,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 469,979	67.00
68.00	06800	SPEECH PATHOLOGY	0 237,656	68.00
69.00	06900	ELECTROCARDIOLOGY	0 1,466,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 823,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 10,725,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 19,087,006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 52,097,882	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0 4,796,713	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0 7,257,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 230,959,624	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0 1,137,033	192.01
192.02	19202	CHILD BIRTH EDUCATION	0 188,205	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0 0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0 1,358,902	192.04
192.05	19205	PHYSICIAN PRACTICE	0 1,600,770	192.05
192.06	19206	TIPTON HOSPITAL	0 100,048	192.06
192.07	19207	WEST HOSPITAL	0 464,892	192.07
192.08	19208	SAXONY HOSPITAL	0 117,534	192.08
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 -242,378	201.00
202.00		TOTAL (sum lines 118 through 201)	0 235,684,630	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-INTEREST						1.01
1.02	00102 MOB LEASED SPACE						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	28,153	34,755	0	1,681	4.00
5.01	00540 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550 DATA PROCESSING	0	124,090	153,188	0	0	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	234,055	288,938	0	6,599	5.03
5.04	00570 ADMITTING	0	77,299	95,425	0	463,919	5.04
5.05	00590 OTHER ADMINISTRATIVE & GENERAL	0	268,545	331,516	0	1,127,730	5.05
6.00	00600 MAINTENANCE & REPAIRS	0	96,467	119,087	0	126,693	6.00
7.00	00700 OPERATION OF PLANT	0	1,476,957	1,823,290	0	53,476	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	124,404	153,576	0	2,834	9.00
10.00	01000 DIETARY	0	53,324	65,829	0	8,023	10.00
11.00	01100 CAFETERIA	0	320,535	395,698	0	47,001	11.00
13.00	01300 NURSING ADMINISTRATION	0	208,923	257,913	0	8,036	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	355,614	439,002	0	284,342	14.00
15.00	01500 PHARMACY	0	157,933	194,967	0	125,945	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	18,638	23,008	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	12,949	15,985	0	0	17.00
18.00	01850 PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	1,731,474	2,137,487	0	337,170	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0	163,681	202,063	0	27,924	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	0	435,365	537,454	0	80,238	34.02
43.00	04300 NURSERY	0	202,095	249,485	0	15,542	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	923,898	1,140,543	0	1,553,303	50.00
51.00	05100 RECOVERY ROOM	0	182,025	224,708	0	53,536	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	560,299	691,684	0	251,993	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	295,030	364,212	0	3,710,908	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	782,405	965,872	0	571,056	55.00
56.00	05600 RADIOISOTOPE	0	21,247	26,230	0	5,096	56.00
60.00	06000 LABORATORY	0	217,947	269,054	0	978	60.00
65.00	06500 RESPIRATORY THERAPY	0	37,060	45,751	0	79,355	65.00
66.00	06600 PHYSICAL THERAPY	0	6,847	8,453	0	14,881	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	1,729	68.00
69.00	06900 ELECTROCARDIOLOGY	0	42,809	52,847	0	238,889	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,400	17,777	0	43,087	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	264,562	326,600	0	414,084	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	232,034	286,444	0	69,037	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	9,671,064	11,938,841	0	9,725,085	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	45,281	55,899	0	0	192.01
192.02	19202 CHILDREN EDUCATION	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	331,522	409,261	0	1,083	192.04
192.05	19205 PHYSICIAN PRACTICE	0	0	0	0	12,528	192.05
192.06	19206 TIPTON HOSPITAL	0	2,590	3,197	0	0	192.06
192.07	19207 WEST HOSPITAL	0	19,070	23,541	0	0	192.07
192.08	19208 SAXONY HOSPITAL	0	4,924	6,079	0	0	192.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	-241,633	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	10,074,451	12,436,818	-241,633	9,738,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0161		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 7/9/2021 10:08 am	
Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	64,589	64,589				4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0			5.01
5.02	00550	DATA PROCESSING	277,278	0	0	277,278		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	529,592	0	0	0	529,592	5.03
5.04	00570	ADMINITTING	636,643	460	0	2,344	530	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	1,727,791	3,640	0	10,757	930	5.05
6.00	00600	MAINTENANCE & REPAIRS	342,247	2,233	0	9,434	2,314	6.00
7.00	00700	OPERATION OF PLANT	3,353,723	1,066	0	5,252	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	280,814	1,485	0	12,676	933	9.00
10.00	01000	DIETARY	127,176	882	0	7,002	186	10.00
11.00	01100	CAFETERIA	763,234	1,215	0	9,027	75	11.00
13.00	01300	NURSING ADMINISTRATION	474,872	3,101	0	10,338	6	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,078,958	968	0	6,638	9,448	14.00
15.00	01500	PHARMACY	478,845	3,269	0	8,349	6,718	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,646	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	28,934	411	0	1,588	2	17.00
18.00	01850	PATIENT TRANSPORTATION	0	231	0	2,055	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,206,131	14,124	0	62,409	30,502	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	393,668	893	0	3,522	713	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,053,057	2,797	0	11,191	3,800	34.02
43.00	04300	NURSERY	467,122	1,031	0	4,529	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,617,744	4,485	0	19,212	80,927	50.00
51.00	05100	RECOVERY ROOM	460,269	2,104	0	8,132	4,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,503,976	2,873	0	11,133	7,016	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,370,150	3,915	0	14,713	6,499	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,319,333	2,626	0	10,681	3,081	55.00
56.00	05600	RADIOISOTOPE	52,573	261	0	877	34	56.00
60.00	06000	LABORATORY	487,979	703	0	9,286	226	60.00
65.00	06500	RESPIRATORY THERAPY	162,166	2,079	0	5,062	4,968	65.00
66.00	06600	PHYSICAL THERAPY	30,181	1,996	0	6,996	435	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	277	0	973	90	67.00
68.00	06800	SPEECH PATHOLOGY	1,729	140	0	458	65	68.00
69.00	06900	ELECTROCARDIOLOGY	334,545	399	0	1,479	82	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,264	148	0	597	160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	128,787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	227,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,005,246	1,140	0	4,487	453	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	587,515	2,582	0	10,913	8,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,334,990	63,534	0	272,110	529,548	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	101,180	126	0	991	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	87	0	410	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	741,866	0	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	12,528	611	0	2,965	44	192.05
192.06	19206	TIPTON HOSPITAL	5,787	37	0	133	0	192.06
192.07	19207	WEST HOSPITAL	42,611	155	0	536	0	192.07
192.08	19208	SAXONY HOSPITAL	11,003	39	0	133	0	192.08
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	-241,633	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	32,008,332	64,589	0	277,278	529,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE	639,977				5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	1,743,118			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	48,060	404,288		6.00
7.00	00700	OPERATION OF PLANT	0	73,257	64,582	3,497,880	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,115	0	1,115	8.00
9.00	00900	HOUSEKEEPING	0	50,795	5,440	56,012	9.00
10.00	01000	DIETARY	0	14,960	2,332	24,009	10.00
11.00	01100	CAFETERIA	0	25,042	14,016	144,318	11.00
13.00	01300	NURSING ADMINISTRATION	0	39,637	9,135	94,066	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,052	15,550	160,112	14.00
15.00	01500	PHARMACY	0	47,434	6,906	71,108	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	938	815	8,392	16.00
17.00	01700	SOCIAL SERVICE	0	6,530	566	5,830	17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,581	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,745	214,200	75,711	779,584	805 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	2,065	14,987	7,157	73,696	20 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	13,373	43,864	19,037	196,020	158 34.02
43.00	04300	NURSERY	4,096	16,802	8,837	90,992	132 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	121,129	95,949	40,399	415,978	0 50.00
51.00	05100	RECOVERY ROOM	16,126	30,171	7,959	81,955	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,639	49,693	24,500	252,270	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,229	88,007	12,901	132,835	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	35,642	54,422	34,212	352,272	0 55.00
56.00	05600	RADIOISOTOPE	5,071	3,769	929	9,566	0 56.00
60.00	06000	LABORATORY	28,378	82,889	9,530	98,129	0 60.00
65.00	06500	RESPIRATORY THERAPY	7,826	25,889	1,621	16,686	0 65.00
66.00	06600	PHYSICAL THERAPY	5,189	24,047	299	3,083	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,150	3,305	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	470	1,673	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	8,081	9,589	1,872	19,274	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,915	5,627	630	6,484	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,920	54,339	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	54,799	96,879	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	132,315	331,433	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	20,473	27,084	11,568	119,117	0 75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	47,346	41,312	10,146	104,471	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	639,977	1,716,331	386,650	3,316,259	1,115 118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	7,236	1,980	20,387	0 192.01
192.02	19202	CHILD BIRTH EDUCATION	0	1,317	0	0	0 192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	2,576	14,496	149,265	0 192.04
192.05	19205	PHYSICIAN PRACTICE	0	11,373	0	0	0 192.05
192.06	19206	TIPTON HOSPITAL	0	620	113	1,166	0 192.06
192.07	19207	WEST HOSPITAL	0	2,927	834	8,586	0 192.07
192.08	19208	SAXONY HOSPITAL	0	738	215	2,217	0 192.08
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)	639,977	1,743,118	404,288	3,497,880	1,115 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/9/2021 10:08 am			
Cost Center	Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	408,155				9.00
10.00	01000	DIETARY	2,847	179,394			10.00
11.00	01100	CAFETERIA	17,114	0	974,041		11.00
13.00	01300	NURSING ADMINISTRATION	11,155	0	45,608	687,918	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,987	0	29,284	0	1,409,997
15.00	01500	PHARMACY	8,432	0	36,835	0	18,388
16.00	01600	MEDICAL RECORDS & LIBRARY	995	0	0	0	1
17.00	01700	SOCIAL SERVICE	691	0	7,005	0	6
18.00	01850	PATIENT TRANSPORTATION	0	0	9,066	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	92,446	160,814	275,325	272,697	83,483
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,739	3,463	15,539	21,373	1,952
34.02	03402	PREMATURE INTENSIVE CARE UNIT	23,245	0	49,370	64,018	10,401
43.00	04300	NURSERY	10,790	0	19,979	22,440	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,329	0	84,756	73,879	221,492
51.00	05100	RECOVERY ROOM	9,719	748	35,878	46,549	12,652
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,916	9,397	49,117	57,558	19,204
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,752	0	64,909	11,290	17,788
55.00	05500	RADIOLOGY - THERAPEUTIC	41,774	0	47,124	35,380	8,433
56.00	05600	RADIOISOTOPE	1,134	0	3,868	0	93
60.00	06000	LABORATORY	11,637	0	40,969	13,524	619
65.00	06500	RESPIRATORY THERAPY	1,979	0	22,332	121	13,596
66.00	06600	PHYSICAL THERAPY	366	0	30,866	0	1,191
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,294	0	246
68.00	06800	SPEECH PATHOLOGY	0	0	2,021	0	177
69.00	06900	ELECTROCARDIOLOGY	2,286	0	6,527	0	224
70.00	07000	ELECTROENCEPHALOGRAPHY	769	0	2,632	0	439
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	352,482
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	623,280
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	14,126	3,574	19,793	17,589	1,241
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,389	1,398	48,147	50,494	22,488
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	386,617	179,394	951,244	686,912	1,409,976
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	2,418	0	4,373	0	0
192.02	19202	CHILD BIRTH EDUCATION	0	0	1,808	201	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	17,701	0	0	0	0
192.05	19205	PHYSICIAN PRACTICE	0	0	13,080	181	121
192.06	19206	TIPTON HOSPITAL	138	0	585	624	0
192.07	19207	WEST HOSPITAL	1,018	0	2,366	0	0
192.08	19208	SAXONY HOSPITAL	263	0	585	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	408,155	179,394	974,041	687,918	1,409,997

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal		
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
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	686,284					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	52,787				16.00	
17.00 01700 SOCIAL SERVICE	0	0	51,563			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	13,933		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,045	4,450	37,216	1,198	6,367,885	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	1	171	904	46	548,909	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	205	1,107	7,321	298	1,499,262	34.02	
43.00 04300 NURSERY	0	339	6,122	91	653,302	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	2,661	10,030	0	2,700	4,840,670	50.00	
51.00 05100 RECOVERY ROOM	672	1,335	0	360	719,252	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	606	1,792	0	482	2,041,172	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	756	3,083	0	830	4,780,657	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	1,095	2,951	0	795	2,949,821	55.00	
56.00 05600 RADIOISOTOPE	4	420	0	113	78,712	56.00	
60.00 06000 LABORATORY	1	2,350	0	633	786,853	60.00	
65.00 06500 RESPIRATORY THERAPY	135	648	0	174	265,282	65.00	
66.00 06600 PHYSICAL THERAPY	0	430	0	116	105,195	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	95	0	26	10,456	67.00	
68.00 06800 SPEECH PATHOLOGY	0	39	0	10	6,782	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	669	0	180	385,207	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	159	0	43	94,867	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,815	0	489	559,832	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,537	0	1,222	1,008,445	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	675,441	10,752	0	2,616	1,152,557	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	329	1,695	0	456	1,248,371	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	1,333	3,920	0	1,055	953,726	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	686,284	52,787	51,563	13,933	31,057,215	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	138,691	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	3,823	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	925,904	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	40,903	192.05	
192.06 19206 TIPTON HOSPITAL	0	0	0	0	9,203	192.06	
192.07 19207 WEST HOSPITAL	0	0	0	0	59,033	192.07	
192.08 19208 SAXONY HOSPITAL	0	0	0	0	15,193	192.08	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	-241,633	201.00
202.00	TOTAL (sum lines 118 through 201)	686,284	52,787	51,563	13,933	32,008,332	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
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
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,367,885	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	548,909	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,499,262	34.02
43.00	04300	NURSERY	653,302	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,840,670	50.00
51.00	05100	RECOVERY ROOM	719,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,041,172	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,780,657	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,949,821	55.00
56.00	05600	RADIOISOTOPE	78,712	56.00
60.00	06000	LABORATORY	786,853	60.00
65.00	06500	RESPIRATORY THERAPY	265,282	65.00
66.00	06600	PHYSICAL THERAPY	105,195	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,456	67.00
68.00	06800	SPEECH PATHOLOGY	6,782	68.00
69.00	06900	ELECTROCARDIOLOGY	385,207	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,867	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	559,832	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,008,445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,152,557	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,248,371	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	953,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,057,215	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	138,691	192.01
192.02	19202	CHILD BIRTH EDUCATION	3,823	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	925,904	192.04
192.05	19205	PHYSICIAN PRACTICE	40,903	192.05
192.06	19206	TIPTON HOSPITAL	9,203	192.06
192.07	19207	WEST HOSPITAL	59,033	192.07
192.08	19208	SAXONY HOSPITAL	15,193	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-241,633	201.00
202.00		TOTAL (sum lines 118 through 201)	32,008,332	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	513,505				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	513,505			1.01
1.02	00102	MOB LEASED SPACE	0	0	88,507		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				7,529,341	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,435	1,435	1,060	1,300	61,599,087
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	6,325	6,325	385	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	11,930	11,930	196	5,102	5.03
5.04	00570	ADMINISTRATIVE	3,940	3,940	0	358,673	438,381
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	13,688	13,688	11,365	871,889	3,469,658
6.00	00600	MAINTENANCE & REPAIRS	4,917	4,917	0	97,951	2,128,292
7.00	00700	OPERATION OF PLANT	75,282	75,282	1,476	41,344	1,016,319
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,341	6,341	551	2,191	1,415,758
10.00	01000	DIETARY	2,718	2,718	0	6,203	840,595
11.00	01100	CAFETERIA	16,338	16,338	0	36,338	1,158,349
13.00	01300	NURSING ADMINISTRATION	10,649	10,649	3,869	6,213	2,956,436
14.00	01400	CENTRAL SERVICES & SUPPLY	18,126	18,126	0	219,835	922,925
15.00	01500	PHARMACY	8,050	8,050	0	97,373	3,116,436
16.00	01600	MEDICAL RECORDS & LIBRARY	950	950	237	0	0
17.00	01700	SOCIAL SERVICE	660	660	0	0	391,926
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	219,755
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,255	88,255	0	260,678	13,490,482
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,343	8,343	0	21,589	851,437
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,191	22,191	491	62,035	2,666,414
43.00	04300	NURSERY	10,301	10,301	0	12,016	982,395
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,092	47,092	0	1,200,915	4,275,960
51.00	05100	RECOVERY ROOM	9,278	9,278	0	41,391	2,005,962
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,559	28,559	0	194,825	2,738,445
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,038	15,038	14,593	2,869,039	3,732,409
55.00	05500	RADIOLOGY - THERAPEUTIC	39,880	39,880	0	441,504	2,503,345
56.00	05600	RADIOISOTOPE	1,083	1,083	0	3,940	248,361
60.00	06000	LABORATORY	11,109	11,109	0	756	670,435
65.00	06500	RESPIRATORY THERAPY	1,889	1,889	0	61,352	1,981,860
66.00	06600	PHYSICAL THERAPY	349	349	6,431	11,505	1,902,968
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	264,463
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,337	133,300
69.00	06900	ELECTROCARDIOLOGY	2,182	2,182	0	184,694	380,681
70.00	07000	ELECTROENCEPHALOGRAPHY	734	734	0	33,312	140,682
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,485	13,485	0	320,143	1,086,658
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,827	11,827	0	53,375	2,461,158
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	492,944	492,944	40,654	7,518,818	60,592,245
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	2,308	2,308	0	0	120,355
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	83,247
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	16,898	16,898	0	837	0
192.05	19205	PHYSICIAN PRACTICE	0	0	41,706	9,686	582,062
192.06	19206	TIPTON HOSPITAL	132	132	852	0	35,595
192.07	19207	WEST HOSPITAL	972	972	4,249	0	148,119
192.08	19208	SAXONY HOSPITAL	251	251	1,046	0	37,464
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	10,074,451	12,436,818	-241,633	9,738,696	14,024,683
203.00		Unit cost multiplier (Wkst. B, Part I)	19.618993	24.219468	0.000000	1.293433	0.227677

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
204.00	Cost to be allocated (per Wkst. B, Part II)					64,589	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.001049	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	92,024					5.01
5.02	00550	0	92,024				5.02
5.03	00560	0	0	23,774,407			5.03
5.04	00570	778	778	23,786	1,018,881,519		5.04
5.05	00590	3,570	3,570	41,738	0	-34,300,642	5.05
6.00	00600	3,131	3,131	103,878	0	0	6.00
7.00	00700	1,743	1,743	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,207	4,207	41,904	0	0	9.00
10.00	01000	2,324	2,324	8,330	0	0	10.00
11.00	01100	2,996	2,996	3,375	0	0	11.00
13.00	01300	3,431	3,431	280	0	0	13.00
14.00	01400	2,203	2,203	424,156	0	0	14.00
15.00	01500	2,771	2,771	301,602	0	0	15.00
16.00	01600	0	0	11	0	0	16.00
17.00	01700	527	527	92	0	0	17.00
18.00	01850	682	682	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,712	20,712	1,369,290	85,580,620	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,169	1,169	32,010	3,287,630	0	34.01
34.02	03402	3,714	3,714	170,600	21,294,202	0	34.02
43.00	04300	1,503	1,503	0	6,521,780	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,376	6,376	3,632,915	192,880,427	0	50.00
51.00	05100	2,699	2,699	207,513	25,678,779	0	51.00
52.00	05200	3,695	3,695	314,980	34,456,542	0	52.00
54.00	05400	4,883	4,883	291,760	59,281,438	0	54.00
55.00	05500	3,545	3,545	138,319	56,754,513	0	55.00
56.00	05600	291	291	1,520	8,074,851	0	56.00
60.00	06000	3,082	3,082	10,158	45,188,525	0	60.00
65.00	06500	1,680	1,680	223,008	12,462,262	0	65.00
66.00	06600	2,322	2,322	19,538	8,262,730	0	66.00
67.00	06700	323	323	4,031	1,831,385	0	67.00
68.00	06800	152	152	2,911	747,781	0	68.00
69.00	06900	491	491	3,678	12,867,323	0	69.00
70.00	07000	198	198	7,196	3,049,651	0	70.00
71.00	07100	0	0	5,781,429	34,903,782	0	71.00
72.00	07200	0	0	10,223,206	87,259,185	0	72.00
73.00	07300	0	0	0	210,505,337	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,489	1,489	20,356	32,601,026	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,622	3,622	368,855	75,391,750	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		90,309	90,309	23,772,425	1,018,881,519	-34,300,642	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	329	329	4	0	0	192.01
192.02	19202	136	136	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	984	984	1,978	0	0	192.05
192.06	19206	44	44	0	0	0	192.06
192.07	19207	178	178	0	0	0	192.07
192.08	19208	44	44	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		-745	8,644,060	1,558,731	3,653,365		202.00
203.00		0.000000	93.932670	0.065563	0.003586		203.00
204.00		0	277,278	529,592	639,977		204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 7/9/2021 10:08 am
Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation
		5.01	5.02	5.03	5.04	5A.05
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.013105	0.022276	0.000628	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590	201,626,366					5.05
6.00	00600	5,559,227	471,270				6.00
7.00	00700	8,473,886	75,282	395,988			7.00
8.00	00800	128,965	0	0	31,844		8.00
9.00	00900	5,875,611	6,341	6,341	0	389,647	9.00
10.00	01000	1,730,434	2,718	2,718	0	2,718	10.00
11.00	01100	2,896,721	16,338	16,338	0	16,338	11.00
13.00	01300	4,585,017	10,649	10,649	0	10,649	13.00
14.00	01400	10,416,635	18,126	18,126	0	18,126	14.00
15.00	01500	5,486,927	8,050	8,050	0	8,050	15.00
16.00	01600	108,482	950	950	0	950	16.00
17.00	01700	755,340	660	660	0	660	17.00
18.00	01850	298,591	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	24,777,284	88,255	88,255	22,984	88,255	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,733,627	8,343	8,343	558	8,343	34.01
34.02	03402	5,073,960	22,191	22,191	4,521	22,191	34.02
43.00	04300	1,943,514	10,301	10,301	3,781	10,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,098,785	47,092	47,092	0	47,092	50.00
51.00	05100	3,490,041	9,278	9,278	0	9,278	51.00
52.00	05200	5,748,224	28,559	28,559	0	28,559	52.00
54.00	05400	10,180,075	15,038	15,038	0	15,038	54.00
55.00	05500	6,295,175	39,880	39,880	0	39,880	55.00
56.00	05600	435,976	1,083	1,083	0	1,083	56.00
60.00	06000	9,588,142	11,109	11,109	0	11,109	60.00
65.00	06500	2,994,642	1,889	1,889	0	1,889	65.00
66.00	06600	2,781,638	349	349	0	349	66.00
67.00	06700	382,324	0	0	0	0	67.00
68.00	06800	193,562	0	0	0	0	68.00
69.00	06900	1,109,209	2,182	2,182	0	2,182	69.00
70.00	07000	650,938	734	734	0	734	70.00
71.00	07100	6,285,642	0	0	0	0	71.00
72.00	07200	11,206,390	0	0	0	0	72.00
73.00	07300	38,331,203	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,132,913	13,485	13,485	0	13,485	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,778,698	11,827	11,827	0	11,827	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		198,527,798	450,709	375,427	31,844	369,086	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	837,043	2,308	2,308	0	2,308	192.01
192.02	19202	152,365	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	297,945	16,898	16,898	0	16,898	192.04
192.05	19205	1,315,553	0	0	0	0	192.05
192.06	19206	71,707	132	132	0	132	192.06
192.07	19207	338,575	972	972	0	972	192.07
192.08	19208	85,380	251	251	0	251	192.08
200.00							200.00
201.00							201.00
202.00		34,300,642	6,504,963	10,954,584	150,905	7,138,112	202.00
203.00		0.170120	13.803049	27.663929	4.738883	18.319433	203.00
204.00		1,743,118	404,288	3,497,880	1,115	408,155	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2020 To 12/31/2020		Worksheet B-1 Date/Time Prepared: 7/9/2021 10:08 am	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008645	0.857869	8.833298	0.035014	1.047499	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATIVE (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	70,980					10.00
11.00	01100	0	73,275				11.00
13.00	01300	0	3,431	34,182			13.00
14.00	01400	0	2,203	0	23,126,960		14.00
15.00	01500	0	2,771	0	301,602	38,179,832	15.00
16.00	01600	0	0	0	11	0	16.00
17.00	01700	0	527	0	92	0	17.00
18.00	01850	0	682	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,629	20,712	13,550	1,369,290	169,409	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,370	1,169	1,062	32,010	43	34.01
34.02	03402	0	3,714	3,181	170,600	11,431	34.02
43.00	04300	0	1,503	1,115	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,376	3,671	3,632,915	148,060	50.00
51.00	05100	296	2,699	2,313	207,513	37,370	51.00
52.00	05200	3,718	3,695	2,860	314,980	33,705	52.00
54.00	05400	0	4,883	561	291,760	42,032	54.00
55.00	05500	0	3,545	1,758	138,319	60,895	55.00
56.00	05600	0	291	0	1,520	237	56.00
60.00	06000	0	3,082	672	10,158	46	60.00
65.00	06500	0	1,680	6	223,008	7,483	65.00
66.00	06600	0	2,322	0	19,538	0	66.00
67.00	06700	0	323	0	4,031	0	67.00
68.00	06800	0	152	0	2,911	0	68.00
69.00	06900	0	491	0	3,678	8	69.00
70.00	07000	0	198	0	7,196	0	70.00
71.00	07100	0	0	0	5,781,429	0	71.00
72.00	07200	0	0	0	10,223,206	0	72.00
73.00	07300	0	0	0	0	37,576,673	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,414	1,489	874	20,356	18,306	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	553	3,622	2,509	368,855	74,131	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		70,980	71,560	34,132	23,124,978	38,179,829	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	329	0	4	0	192.01
192.02	19202	0	136	10	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	984	9	1,978	3	192.05
192.06	19206	0	44	31	0	0	192.06
192.07	19207	0	178	0	0	0	192.07
192.08	19208	0	44	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		2,187,315	4,366,301	6,206,132	13,403,673	7,241,561	202.00
203.00		30.815934	59.587868	181.561407	0.579569	0.189670	203.00
204.00		179,394	974,041	687,918	1,409,997	686,284	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.527388	13.292951	20.125154	0.060968	0.017975	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: 15-0161

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

Worksheet B-1
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
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	1,018,881,519				16.00
17.00 01700 SOCIAL SERVICE	0	31,844			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	1,018,881,519		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	85,580,620	22,984	85,580,620		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	3,287,630	558	3,287,630		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	21,294,202	4,521	21,294,202		34.02
43.00 04300 NURSERY	6,521,780	3,781	6,521,780		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	192,880,427	0	192,880,427		50.00
51.00 05100 RECOVERY ROOM	25,678,779	0	25,678,779		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	34,456,542	0	34,456,542		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	59,281,438	0	59,281,438		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	56,754,513	0	56,754,513		55.00
56.00 05600 RADIO SOTOPE	8,074,851	0	8,074,851		56.00
60.00 06000 LABORATORY	45,188,525	0	45,188,525		60.00
65.00 06500 RESPIRATORY THERAPY	12,462,262	0	12,462,262		65.00
66.00 06600 PHYSICAL THERAPY	8,262,730	0	8,262,730		66.00
67.00 06700 OCCUPATIONAL THERAPY	1,831,385	0	1,831,385		67.00
68.00 06800 SPEECH PATHOLOGY	747,781	0	747,781		68.00
69.00 06900 ELECTROCARDIOLOGY	12,867,323	0	12,867,323		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,049,651	0	3,049,651		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	34,903,782	0	34,903,782		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	87,259,185	0	87,259,185		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	210,505,337	0	210,505,337		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	32,601,026	0	32,601,026		75.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	75,391,750	0	75,391,750		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,018,881,519	31,844	1,018,881,519	118.00
NONREIMBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 CHILDBIRTH EDUCATION	0	0	0		192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0		192.05
192.06 19206 TIPTON HOSPITAL	0	0	0		192.06
192.07 19207 WEST HOSPITAL	0	0	0		192.07
192.08 19208 SAXONY HOSPITAL	0	0	0		192.08
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)	183,740	954,753	390,026	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000180	29.982194	0.000383	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
204.00 Cost to be allocated (per Wkst. B, Part II)	52,787	51,563	13,933		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000052	1.619238	0.000014		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
7/9/2021 10:08 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,595,915		41,595,915	0	41,595,915	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	2,871,829		2,871,829	0	2,871,829	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,332,722		8,332,722	0	8,332,722	34.02
43.00	04300	NURSERY	3,316,959		3,316,959	0	3,316,959	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,091,015		19,091,015	0	19,091,015	50.00
51.00	05100	RECOVERY ROOM	5,370,181		5,370,181	0	5,370,181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,495,914		9,495,914	0	9,495,914	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,414,244		13,414,244	0	13,414,244	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	10,404,484		10,404,484	0	10,404,484	55.00
56.00	05600	RADIOISOTOPE	597,705		597,705	0	597,705	56.00
60.00	06000	LABORATORY	12,220,441		12,220,441	0	12,220,441	60.00
65.00	06500	RESPIRATORY THERAPY	3,855,907	0	3,855,907	0	3,855,907	65.00
66.00	06600	PHYSICAL THERAPY	3,430,054	0	3,430,054	0	3,430,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	469,979	0	469,979	0	469,979	67.00
68.00	06800	SPEECH PATHOLOGY	237,656	0	237,656	0	237,656	68.00
69.00	06900	ELECTROCARDIOLOGY	1,466,998		1,466,998	0	1,466,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	823,244		823,244	0	823,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,725,343		10,725,343	0	10,725,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,087,006		19,087,006	0	19,087,006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,097,882		52,097,882	0	52,097,882	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	4,796,713		4,796,713	0	4,796,713	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,257,433		7,257,433	0	7,257,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,966,453		2,966,453	0	2,966,453	92.00
200.00		Subtotal (see instructions)	233,926,077	0	233,926,077	0	233,926,077	200.00
201.00		Less Observation Beds	2,966,453		2,966,453	0	2,966,453	201.00
202.00		Total (see instructions)	230,959,624	0	230,959,624	0	230,959,624	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72,385,086		72,385,086	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,287,630		3,287,630	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,294,202		21,294,202	34.02
43.00	04300	NURSERY	6,521,780		6,521,780	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,959,913	130,920,514	192,880,427	0.098978 50.00
51.00	05100	RECOVERY ROOM	5,483,533	20,195,246	25,678,779	0.209129 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,616,293	6,840,249	34,456,542	0.275591 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,110,267	49,171,171	59,281,438	0.226281 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	293,778	56,460,735	56,754,513	0.183324 55.00
56.00	05600	RADIOISOTOPE	893,413	7,181,438	8,074,851	0.074021 56.00
60.00	06000	LABORATORY	19,718,956	25,469,569	45,188,525	0.270432 60.00
65.00	06500	RESPIRATORY THERAPY	8,941,471	3,520,791	12,462,262	0.309407 65.00
66.00	06600	PHYSICAL THERAPY	3,809,074	4,453,656	8,262,730	0.415124 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,623,879	207,506	1,831,385	0.256625 67.00
68.00	06800	SPEECH PATHOLOGY	474,946	272,835	747,781	0.317815 68.00
69.00	06900	ELECTROCARDIOLOGY	4,391,662	8,475,661	12,867,323	0.114010 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,566,879	1,482,772	3,049,651	0.269947 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,623,441	20,280,341	34,903,782	0.307283 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,546,514	44,712,671	87,259,185	0.218739 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,123,679	172,381,658	210,505,337	0.247490 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	14,905,778	17,695,248	32,601,026	0.147134 75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,755,286	58,636,464	75,391,750	0.096263 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	109,092	13,086,442	13,195,534	0.224807 92.00
200.00		Subtotal (see instructions)	377,436,552	641,444,967	1,018,881,519	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	377,436,552	641,444,967	1,018,881,519	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/9/2021 10:08 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.098978	50.00
51.00	05100	RECOVERY ROOM	0.209129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275591	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226281	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.183324	55.00
56.00	05600	RADIOISOTOPE	0.074021	56.00
60.00	06000	LABORATORY	0.270432	60.00
65.00	06500	RESPIRATORY THERAPY	0.309407	65.00
66.00	06600	PHYSICAL THERAPY	0.415124	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256625	67.00
68.00	06800	SPEECH PATHOLOGY	0.317815	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269947	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.218739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247490	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.147134	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.096263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.224807	92.00
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: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
7/9/2021 10:08 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,595,915		41,595,915	0	41,595,915	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	2,871,829		2,871,829	0	2,871,829	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,332,722		8,332,722	0	8,332,722	34.02
43.00	04300	NURSERY	3,316,959		3,316,959	0	3,316,959	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,091,015		19,091,015	0	19,091,015	50.00
51.00	05100	RECOVERY ROOM	5,370,181		5,370,181	0	5,370,181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,495,914		9,495,914	0	9,495,914	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,414,244		13,414,244	0	13,414,244	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	10,404,484		10,404,484	0	10,404,484	55.00
56.00	05600	RADIOISOTOPE	597,705		597,705	0	597,705	56.00
60.00	06000	LABORATORY	12,220,441		12,220,441	0	12,220,441	60.00
65.00	06500	RESPIRATORY THERAPY	3,855,907	0	3,855,907	0	3,855,907	65.00
66.00	06600	PHYSICAL THERAPY	3,430,054	0	3,430,054	0	3,430,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	469,979	0	469,979	0	469,979	67.00
68.00	06800	SPEECH PATHOLOGY	237,656	0	237,656	0	237,656	68.00
69.00	06900	ELECTROCARDIOLOGY	1,466,998		1,466,998	0	1,466,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	823,244		823,244	0	823,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,725,343		10,725,343	0	10,725,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,087,006		19,087,006	0	19,087,006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,097,882		52,097,882	0	52,097,882	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	4,796,713		4,796,713	0	4,796,713	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,257,433		7,257,433	0	7,257,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,966,453		2,966,453	0	2,966,453	92.00
200.00		Subtotal (see instructions)	233,926,077	0	233,926,077	0	233,926,077	200.00
201.00		Less Observation Beds	2,966,453		2,966,453	0	2,966,453	201.00
202.00		Total (see instructions)	230,959,624	0	230,959,624	0	230,959,624	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/9/2021 10:08 am
		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	72,385,086		72,385,086	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,287,630		3,287,630	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,294,202		21,294,202	34.02
43.00	04300	NURSERY	6,521,780		6,521,780	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,959,913	130,920,514	192,880,427	50.00
51.00	05100	RECOVERY ROOM	5,483,533	20,195,246	25,678,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,616,293	6,840,249	34,456,542	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,110,267	49,171,171	59,281,438	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	293,778	56,460,735	56,754,513	55.00
56.00	05600	RADIOISOTOPE	893,413	7,181,438	8,074,851	56.00
60.00	06000	LABORATORY	19,718,956	25,469,569	45,188,525	60.00
65.00	06500	RESPIRATORY THERAPY	8,941,471	3,520,791	12,462,262	65.00
66.00	06600	PHYSICAL THERAPY	3,809,074	4,453,656	8,262,730	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,623,879	207,506	1,831,385	67.00
68.00	06800	SPEECH PATHOLOGY	474,946	272,835	747,781	68.00
69.00	06900	ELECTROCARDIOLOGY	4,391,662	8,475,661	12,867,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,566,879	1,482,772	3,049,651	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,623,441	20,280,341	34,903,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,546,514	44,712,671	87,259,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,123,679	172,381,658	210,505,337	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	14,905,778	17,695,248	32,601,026	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,755,286	58,636,464	75,391,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	109,092	13,086,442	13,195,534	92.00
200.00		Subtotal (see instructions)	377,436,552	641,444,967	1,018,881,519	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	377,436,552	641,444,967	1,018,881,519	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/9/2021 10:08 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.098978	50.00
51.00	05100	RECOVERY ROOM	0.209129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275591	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226281	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.183324	55.00
56.00	05600	RADIOISOTOPE	0.074021	56.00
60.00	06000	LABORATORY	0.270432	60.00
65.00	06500	RESPIRATORY THERAPY	0.309407	65.00
66.00	06600	PHYSICAL THERAPY	0.415124	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256625	67.00
68.00	06800	SPEECH PATHOLOGY	0.317815	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269947	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.218739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247490	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.147134	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.096263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.224807	92.00
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: 15-0161

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

Worksheet C
Part II
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,091,015	4,840,670	14,250,345	0	0	50.00
51.00	05100 RECOVERY ROOM	5,370,181	719,252	4,650,929	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,495,914	2,041,172	7,454,742	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,414,244	4,780,657	8,633,587	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	10,404,484	2,949,821	7,454,663	0	0	55.00
56.00	05600 RADIOISOTOPE	597,705	78,712	518,993	0	0	56.00
60.00	06000 LABORATORY	12,220,441	786,853	11,433,588	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	3,855,907	265,282	3,590,625	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,430,054	105,195	3,324,859	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	469,979	10,456	459,523	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	237,656	6,782	230,874	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,466,998	385,207	1,081,791	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	823,244	94,867	728,377	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,725,343	559,832	10,165,511	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,087,006	1,008,445	18,078,561	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,097,882	1,152,557	50,945,325	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	4,796,713	1,248,371	3,548,342	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,257,433	953,726	6,303,707	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,966,453	454,131	2,512,322	0	0	92.00
200.00	Subtotal (sum of lines 50 thru 199)	177,808,652	22,441,988	155,366,664	0	0	200.00
201.00	Less Observation Beds	2,966,453	454,131	2,512,322	0	0	201.00
202.00	Total (line 200 minus line 201)	174,842,199	21,987,857	152,854,342	0	0	202.00

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 7/9/2021 10:08 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19,091,015	192,880,427	0.098978		50.00
51.00	05100 RECOVERY ROOM	5,370,181	25,678,779	0.209129		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,495,914	34,456,542	0.275591		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,414,244	59,281,438	0.226281		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	10,404,484	56,754,513	0.183324		55.00
56.00	05600 RADIOISOTOPE	597,705	8,074,851	0.074021		56.00
60.00	06000 LABORATORY	12,220,441	45,188,525	0.270432		60.00
65.00	06500 RESPIRATORY THERAPY	3,855,907	12,462,262	0.309407		65.00
66.00	06600 PHYSICAL THERAPY	3,430,054	8,262,730	0.415124		66.00
67.00	06700 OCCUPATIONAL THERAPY	469,979	1,831,385	0.256625		67.00
68.00	06800 SPEECH PATHOLOGY	237,656	747,781	0.317815		68.00
69.00	06900 ELECTROCARDIOLOGY	1,466,998	12,867,323	0.114010		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	823,244	3,049,651	0.269947		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,725,343	34,903,782	0.307283		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,087,006	87,259,185	0.218739		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,097,882	210,505,337	0.247490		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	4,796,713	32,601,026	0.147134		75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	7,257,433	75,391,750	0.096263		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,966,453	13,195,534	0.224807		92.00
200.00	Subtotal (sum of lines 50 thru 199)	177,808,652	915,392,821			200.00
201.00	Less Observation Beds	2,966,453	0			201.00
202.00	Total (line 200 minus line 201)	174,842,199	915,392,821			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,367,885	0	6,367,885	24,749	257.30	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	548,909		548,909	558	983.71	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,499,262		1,499,262	4,521	331.62	34.02
43.00	NURSERY	653,302		653,302	3,781	172.79	43.00
200.00	Total (lines 30 through 199)	9,069,358		9,069,358	33,609		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	7,399	1,903,763				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	69	67,876				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,468	1,971,639				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Title XVIII				Hospital	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,840,670	192,880,427	0.025097	21,111,236	529,829	50.00
51.00	05100 RECOVERY ROOM	719,252	25,678,779	0.028010	1,854,952	51,957	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,041,172	34,456,542	0.059239	65,391	3,874	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,780,657	59,281,438	0.080643	3,831,483	308,982	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	2,949,821	56,754,513	0.051975	181,531	9,435	55.00
56.00	05600 RADIOISOTOPE	78,712	8,074,851	0.009748	380,228	3,706	56.00
60.00	06000 LABORATORY	786,853	45,188,525	0.017413	5,622,913	97,912	60.00
65.00	06500 RESPIRATORY THERAPY	265,282	12,462,262	0.021287	1,998,254	42,537	65.00
66.00	06600 PHYSICAL THERAPY	105,195	8,262,730	0.012731	1,363,785	17,362	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,456	1,831,385	0.005709	617,769	3,527	67.00
68.00	06800 SPEECH PATHOLOGY	6,782	747,781	0.009070	183,063	1,660	68.00
69.00	06900 ELECTROCARDIOLOGY	385,207	12,867,323	0.029937	1,764,692	52,830	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	94,867	3,049,651	0.031107	329,856	10,261	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	559,832	34,903,782	0.016039	5,026,949	80,627	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,008,445	87,259,185	0.011557	15,390,053	177,863	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,152,557	210,505,337	0.005475	11,807,642	64,647	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,248,371	32,601,026	0.038292	5,707,877	218,566	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	953,726	75,391,750	0.012650	6,645,857	84,070	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	454,131	13,195,534	0.034416	39,129	1,347	92.00
200.00	Total (lines 50 through 199)	22,441,988	915,392,821		83,922,660	1,760,992	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	24,749	0.00	7,399	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	558	0.00	69	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,521	0.00	0	34.02	
43.00	04300	NURSERY		0	3,781	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	33,609		7,468	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Title XVIII					Allied Health Post-Stepdown Adjustments	Allied Health	
		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	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
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 PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS									
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	
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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description	Title XVIII			Hospital	PPS			
	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	192,880,427	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	25,678,779	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	34,456,542	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	59,281,438	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	56,754,513	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,074,851	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	45,188,525	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,462,262	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,262,730	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,831,385	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	747,781	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,867,323	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,049,651	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,903,782	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	87,259,185	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	210,505,337	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	32,601,026	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	75,391,750	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,195,534	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	915,392,821		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
7/9/2021 10:08 am

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	21,111,236	0	22,790,316	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,854,952	0	3,714,665	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	65,391	0	112,485	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,831,483	0	8,706,778	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	181,531	0	18,832,962	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	380,228	0	2,393,534	0	56.00
60.00	06000 LABORATORY	0.000000	5,622,913	0	2,920,038	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,998,254	0	954,416	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,363,785	0	65,754	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	617,769	0	3,764	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	183,063	0	245	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,764,692	0	2,069,203	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	329,856	0	112,799	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,026,949	0	4,284,788	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	15,390,053	0	10,011,047	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	11,807,642	0	51,985,858	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	5,707,877	0	5,376,375	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	6,645,857	0	8,223,398	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	39,129	0	2,069,731	0	92.00
200.00	Total (lines 50 through 199)		83,922,660	0	144,628,156	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.098978	22,790,316	0	0	2,255,740 50.00
51.00	05100 RECOVERY ROOM	0.209129	3,714,665	0	0	776,844 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.275591	112,485	0	0	31,000 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226281	8,706,778	0	0	1,970,178 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.183324	18,832,962	0	0	3,452,534 55.00
56.00	05600 RADIOISOTOPE	0.074021	2,393,534	0	0	177,172 56.00
60.00	06000 LABORATORY	0.270432	2,920,038	0	0	789,672 60.00
65.00	06500 RESPIRATORY THERAPY	0.309407	954,416	0	0	295,303 65.00
66.00	06600 PHYSICAL THERAPY	0.415124	65,754	0	0	27,296 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256625	3,764	0	0	966 67.00
68.00	06800 SPEECH PATHOLOGY	0.317815	245	0	0	78 68.00
69.00	06900 ELECTROCARDIOLOGY	0.114010	2,069,203	0	0	235,910 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.269947	112,799	0	0	30,450 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307283	4,284,788	0	0	1,316,643 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.218739	10,011,047	0	0	2,189,806 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.247490	51,985,858	0	48,917	12,865,980 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.147134	5,376,375	21,120	0	791,048 75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.096263	8,223,398	0	0	791,609 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.224807	2,069,731	0	0	465,290 92.00
200.00	Subtotal (see instructions)		144,628,156	21,120	48,917	28,463,519 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		144,628,156	21,120	48,917	28,463,519 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/9/2021 10:08 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	0	0	60.00
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 PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,106	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	3,107	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	3,107	12,106	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	3,107	12,106	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,367,885	0	6,367,885	24,749	257.30	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	548,909		548,909	558	983.71	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,499,262		1,499,262	4,521	331.62	34.02
43.00	NURSERY	653,302		653,302	3,781	172.79	43.00
200.00	Total (lines 30 through 199)	9,069,358		9,069,358	33,609		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	1,177	302,842				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	26	25,576				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	735	127,001				
200.00	Total (lines 30 through 199)	1,938	455,419				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,840,670	192,880,427	0.025097	392,807	9,858	50.00
51.00	05100 RECOVERY ROOM	719,252	25,678,779	0.028010	30,256	847	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,041,172	34,456,542	0.059239	64,358	3,813	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,780,657	59,281,438	0.080643	109,765	8,852	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	2,949,821	56,754,513	0.051975	844	44	55.00
56.00	05600 RADIOISOTOPE	78,712	8,074,851	0.009748	7,859	77	56.00
60.00	06000 LABORATORY	786,853	45,188,525	0.017413	335,326	5,839	60.00
65.00	06500 RESPIRATORY THERAPY	265,282	12,462,262	0.021287	649,357	13,823	65.00
66.00	06600 PHYSICAL THERAPY	105,195	8,262,730	0.012731	78,600	1,001	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,456	1,831,385	0.005709	49,623	283	67.00
68.00	06800 SPEECH PATHOLOGY	6,782	747,781	0.009070	9,696	88	68.00
69.00	06900 ELECTROCARDIOLOGY	385,207	12,867,323	0.029937	92,807	2,778	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	94,867	3,049,651	0.031107	8,678	270	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	559,832	34,903,782	0.016039	121,412	1,947	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,008,445	87,259,185	0.011557	63,143	730	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,152,557	210,505,337	0.005475	573,180	3,138	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,248,371	32,601,026	0.038292	86,228	3,302	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	953,726	75,391,750	0.012650	173,147	2,190	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	454,131	13,195,534	0.034416	0	0	92.00
200.00	Total (lines 50 through 199)	22,441,988	915,392,821		2,847,086	58,880	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	24,749	0.00	1,177	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	558	0.00	26	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,521	0.00	0	34.02	
43.00	04300	NURSERY		0	3,781	0.00	735	43.00	
200.00		Total (lines 30 through 199)		0	33,609		1,938	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description	Title XIX			Hospital	PPS		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description	Title XIX			Hospital	PPS			
	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	192,880,427	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	25,678,779	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	34,456,542	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	59,281,438	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	56,754,513	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,074,851	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	45,188,525	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,462,262	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,262,730	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,831,385	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	747,781	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,867,323	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,049,651	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,903,782	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	87,259,185	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	210,505,337	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	32,601,026	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	75,391,750	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,195,534	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	915,392,821		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	392,807	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	30,256	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	64,358	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	109,765	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	844	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	7,859	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	335,326	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	649,357	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	78,600	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	49,623	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	9,696	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	92,807	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	8,678	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	121,412	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	63,143	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	573,180	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	86,228	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	173,147	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,847,086	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/9/2021 10:08 am
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.098978	0	917,144	0	0 50.00
51.00 05100 RECOVERY ROOM	0.209129	0	161,528	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.275591	0	18,316	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.226281	0	320,634	0	0 54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0.183324	0	481,854	0	0 55.00
56.00 05600 RADIOISOTOPE	0.074021	0	26,904	0	0 56.00
60.00 06000 LABORATORY	0.270432	0	183,101	0	0 60.00
65.00 06500 RESPIRATORY THERAPY	0.309407	0	29,523	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.415124	0	137,222	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.256625	0	274	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.317815	0	15,177	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.114010	0	33,367	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.269947	0	18,196	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307283	0	209,985	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.218739	0	295,420	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.247490	0	957,531	0	0 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.147134	0	146,794	0	0 75.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.096263	0	511,204	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.224807	0	149,968	0	0 92.00
200.00 Subtotal (see instructions)		0	4,614,142	0	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00 Net Charges (line 200 - line 201)		0	4,614,142	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/9/2021 10:08 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	90,777	0		50.00
51.00 05100 RECOVERY ROOM	33,780	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,048	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	72,553	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	88,335	0		55.00
56.00 05600 RADIOISOTOPE	1,991	0		56.00
60.00 06000 LABORATORY	49,516	0		60.00
65.00 06500 RESPIRATORY THERAPY	9,135	0		65.00
66.00 06600 PHYSICAL THERAPY	56,964	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	70	0		67.00
68.00 06800 SPEECH PATHOLOGY	4,823	0		68.00
69.00 06900 ELECTROCARDIOLOGY	3,804	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,912	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,525	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	64,620	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	236,979	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	21,598	0		75.01
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	49,210	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	33,714	0		92.00
200.00 Subtotal (see instructions)	892,354	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	892,354	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 10:08 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,749	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,749	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)		22,984	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)		7,399	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)		41,595,915	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)		41,595,915	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)		41,595,915	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)		1,680.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,435,573	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)		12,435,573	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 10:08 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	2,871,829	558	5,146.65	69	355,119	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,332,722	4,521	1,843.11	0	0	46.02
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,957,634	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,748,326	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)					1,971,639	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,760,992	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,732,631	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,015,695	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)					1,765	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,680.71	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,966,453	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/9/2021 10:08 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,367,885	41,595,915	0.153089	2,966,453	454,131	90.00
91.00	Nursing School cost	0	41,595,915	0.000000	2,966,453	0	91.00
92.00	Allied health cost	0	41,595,915	0.000000	2,966,453	0	92.00
93.00	All other Medical Education	0	41,595,915	0.000000	2,966,453	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 10:08 am
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			24,749 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			24,749 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)			22,984 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)			1,177 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)			3,781 15.00
16.00	Nursery days (title V or XIX only)			735 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)			41,595,915 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)			41,595,915 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)			41,595,915 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)			1,680.71 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,978,196 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,978,196 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 10:08 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	3,316,959	3,781	877.27	735	644,793	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	2,871,829	558	5,146.65	26	133,813	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,332,722	4,521	1,843.11	0	0	46.02
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					663,817	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,420,619	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)					455,419	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					58,880	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					514,299	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,906,320	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)					1,765	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,680.71	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,966,453	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/9/2021 10:08 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,367,885	41,595,915	0.153089	2,966,453	454,131	90.00
91.00	Nursing School cost	0	41,595,915	0.000000	2,966,453	0	91.00
92.00	Allied health cost	0	41,595,915	0.000000	2,966,453	0	92.00
93.00	All other Medical Education	0	41,595,915	0.000000	2,966,453	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/9/2021 10:08 am
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Cost Center Description		Ratio of Cost To Charges	Hospital 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		22,855,989	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		426,347	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	34.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098978	21,111,236	50.00
51.00	05100	RECOVERY ROOM	0.209129	1,854,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275591	65,391	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226281	3,831,483	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.183324	181,531	55.00
56.00	05600	RADIOISOTOPE	0.074021	380,228	56.00
60.00	06000	LABORATORY	0.270432	5,622,913	60.00
65.00	06500	RESPIRATORY THERAPY	0.309407	1,998,254	65.00
66.00	06600	PHYSICAL THERAPY	0.415124	1,363,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256625	617,769	67.00
68.00	06800	SPEECH PATHOLOGY	0.317815	183,063	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114010	1,764,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269947	329,856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307283	5,026,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.218739	15,390,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247490	11,807,642	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.147134	5,707,877	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.096263	6,645,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.224807	39,129	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		83,922,660	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)		83,922,660	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/9/2021 10:08 am
		Title XIX	Hospital	PPS

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			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		1,017,472	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		124,918	34.02
43.00	04300	NURSERY		2,795,731	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098978	392,807	50.00
51.00	05100	RECOVERY ROOM	0.209129	30,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275591	64,358	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226281	109,765	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.183324	844	55.00
56.00	05600	RADIOISOTOPE	0.074021	7,859	56.00
60.00	06000	LABORATORY	0.270432	335,326	60.00
65.00	06500	RESPIRATORY THERAPY	0.309407	649,357	65.00
66.00	06600	PHYSICAL THERAPY	0.415124	78,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256625	49,623	67.00
68.00	06800	SPEECH PATHOLOGY	0.317815	9,696	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114010	92,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269947	8,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307283	121,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.218739	63,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.247490	573,180	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.147134	86,228	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.096263	173,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.224807	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,847,086	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)		2,847,086	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,461,356	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,337,853	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		605,073	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		140,266	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		155.83	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.31	31.00
32.00	Sum of lines 30 and 31		23.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.32	33.00
34.00	Disproportionate share adjustment (see instructions)		349,423	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000113212	0.000131680	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	945,388	1,091,625	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	707,750	275,150	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	982,900		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	18,876,871		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)		18,876,871	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,591,762	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		52,397	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)		20,521,030	59.00
60.00	Primary payer payments		9,398	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,511,632	61.00
62.00	Deductibles billed to program beneficiaries		1,802,856	62.00
63.00	Coinurance billed to program beneficiaries		27,104	63.00
64.00	Allowable bad debts (see instructions)		91,361	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		59,385	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13,149	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,741,057	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		106,474	70.93
70.94	HRR adjustment amount (see instructions)		-7,477	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/9/2021 10:08 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,840,054	71.00
71.01	Sequestration adjustment (see instructions)			124,344	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			18,686,692	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			29,018	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			435,129	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. I, 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	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/9/2021 10:08 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,461,356	0	12,461,356		12,461,356	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,337,853	0		4,337,853	4,337,853	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	605,073	0	605,073		605,073	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	140,266	0		140,266	140,266	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0832	0.0832	0.0832	0.0832		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	349,423	0	259,196	90,227	349,423	11.00
11.01	Uncompensated care payments	36.00	982,900	0	707,750	275,150	982,900	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,876,871	0	14,033,375	4,843,496	18,876,871	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,876,871	0	14,033,375	4,843,496	18,876,871	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/9/2021 10:08 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,591,762	0	1,204,183	387,579	1,591,762	16.00
17.00	Special add-on payments for new technologies	54.00	52,397	0	0	52,397	52,397	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	15,237,558	5,283,472	20,521,030	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,307,286	0	979,629	327,657	1,307,286	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,726	0	177,532	44,194	221,726	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0480	0.0480	0.0480	0.0480		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	62,750	0	47,022	15,728	62,750	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,591,762	0	1,204,183	387,579	1,591,762	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/9/2021 10:08 am
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		Title XVIII		Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,461,356	12,461,356		12,461,356
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,337,853		4,337,853	4,337,853
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00				
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	605,073	605,073		605,073
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	140,266		140,266	140,266
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0832	0.0832	0.0832	
11.00	Disproportionate share adjustment (see instructions)	34.00	349,423	259,196	90,227	349,423
11.01	Uncompensated care payments	36.00	982,900	707,750	275,150	982,900
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	18,876,871	14,033,375	4,843,496	18,876,871
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,876,871	14,033,375	4,843,496	18,876,871
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,591,762	1,204,183	387,579	1,591,762
17.00	Special add-on payments for new technologies	54.00	52,397	0	52,397	52,397
17.01	Net organ acquisition cost					
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			15,237,558	5,283,472	20,521,030

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,307,286	979,629	327,657	1,307,286	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,726	177,532	44,194	221,726	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0480	0.0480	0.0480		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	62,750	47,022	15,728	62,750	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,591,762	1,204,183	387,579	1,591,762	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	106,474	72,465	34,009	106,474	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-7,477	-7,477	0	-7,477	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,213	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		28,463,519	2.00
3.00	OPPS payments		19,619,553	3.00
4.00	Outlier payment (see instructions)		84,843	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)		15,213	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		70,037	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)		70,037	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)		70,037	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,824	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)		15,213	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)		19,704,396	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,224	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,507,130	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)		16,208,255	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	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)		16,208,255	30.00
31.00	Primary payer payments		14,972	31.00
32.00	Subtotal (line 30 minus line 31)		16,193,283	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)		128,613	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		83,598	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		90,442	36.00
37.00	Subtotal (see instructions)		16,276,881	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-319	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		2,100	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,277,200	40.00
40.01	Sequestration adjustment (see instructions)		107,430	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		16,218,462	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-48,692	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,009	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: 15-0161

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

Worksheet E-1
Part I
Date/Time Prepared:
7/9/2021 10:08 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		18,655,192		16,218,462	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/19/2020	31,500		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		31,500		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,686,692		16,218,462	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		29,018		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		48,692	6.02	
7.00	Total Medicare program liability (see instructions)		18,715,710		16,169,770	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: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/9/2021 10:08 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & 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

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

Provider CCN: 15-0161

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

Worksheet G

Date/Time Prepared:
7/9/2021 10:08 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-1,683,731	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	73,620	0	0	0	3.00
4.00	Accounts receivable	347,328,836	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,697,721	0	0	0	6.00
7.00	Inventory	5,091,768	0	0	0	7.00
8.00	Prepaid expenses	1,121,654	0	0	0	8.00
9.00	Other current assets	-9,919,617	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)	326,314,809	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	12,041,302	0	0	0	13.00
14.00	Accumulated depreciation	-11,951,324	0	0	0	14.00
15.00	Buildings	208,357,664	0	0	0	15.00
16.00	Accumulated depreciation	-63,424,506	0	0	0	16.00
17.00	Leasehold improvements	554,623	0	0	0	17.00
18.00	Accumulated depreciation	-533,291	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	138,887	0	0	0	21.00
22.00	Accumulated depreciation	-138,887	0	0	0	22.00
23.00	Major movable equipment	101,149,108	0	0	0	23.00
24.00	Accumulated depreciation	-72,467,538	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	173,726,038	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	24,403,639	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	24,403,639	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	524,444,486	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,666,863	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,229,395	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	21,250	0	0	0	41.00
42.00	Accelerated payments	13,676,538	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,750,484	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,344,530	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	374,573	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	374,573	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	32,719,103	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	491,725,383				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	491,725,383	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	524,444,486	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
7/9/2021 10:08 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		379,469,715			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		112,110,668				2.00
3.00	Total (sum of line 1 and line 2)		491,580,383			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	DONATED PPE	145,000		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		145,000			0	10.00
11.00	Subtotal (line 3 plus line 10)		491,725,383			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		491,725,383			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	DONATED PPE		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: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/9/2021 10:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,906,888		78,906,888	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)	78,906,888		78,906,888	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	3,287,630		3,287,630	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	21,294,770		21,294,770	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,582,400		24,582,400	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,489,288		103,489,288	17.00
18.00	Ancillary services	257,083,476	569,722,063	826,805,539	18.00
19.00	Outpatient services	16,864,378	71,722,316	88,586,694	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	NONALLOWABLE REVENUE	0	961,671	961,671	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	377,437,142	642,406,050	1,019,843,192	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,325,867		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)		244,325,867		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 7/9/2021 10:08 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,019,843,192	1.00
2.00	Less contractual allowances and discounts on patients' accounts	683,441,663	2.00
3.00	Net patient revenues (line 1 minus line 2)	336,401,529	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	244,325,867	4.00
5.00	Net income from service to patients (line 3 minus line 4)	92,075,662	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC. INCOME	8,966,490	24.00
24.50	COVID-19 PHE Funding	11,068,516	24.50
25.00	Total other income (sum of lines 6-24)	20,035,006	25.00
26.00	Total (line 5 plus line 25)	112,110,668	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	112,110,668	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/9/2021 10:08 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,307,286	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		221,726	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)		81.02	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.85	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.31	8.00
9.00	Sum of lines 7 and 8		23.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.80	10.00
11.00	Disproportionate share adjustment (see instructions)		62,750	11.00
12.00	Total prospective capital payments (see instructions)		1,591,762	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