

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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/9/2021 9:58 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 7/9/2021	Time: 9:58 am
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 WEST HOSPITAL (15-0158) 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	269,077	-91,085	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	269,077	-91,085	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: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 9:58 am			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1111 N. RONALD REAGAN PARKWAY	PO Box:							1.00
2.00	City: AVON	State: IN	Zip Code: 46123-7085	County: HENDRICKS					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 WEST HOSPITAL	150158	26900	1	12/01/2004	N	P	P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FOHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
						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	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.	1,038	133	8	5	4,049	20		

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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 Criteria on 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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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	
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	
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		
					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:	275,908		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	5.04	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: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 9:58 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: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH ST	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		2.00	
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.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/9/2021 9:58 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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	1,783 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/9/2021 9:58 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	02/25/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/9/2021 9:58 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/9/2021 9:58 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR - 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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
7/9/2021 9:58 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	94	34,404	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)		94	34,404	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	11	4,026	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		125	45,750	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)		125				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
7/9/2021 9:58 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	9,482	520	24,919			1.00
2.00 HMO and other (see instructions)	8,055	3,619				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)	9,482	520	24,919			7.00
8.00 INTENSIVE CARE UNIT	1,800	299	5,646			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	132	968			12.00
13.00 NURSERY		663	1,470			13.00
14.00 Total (see instructions)	11,282	1,614	33,003	0.00	1,275.31	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)			236			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	1,275.31	27.00
28.00 Observation Bed Days		30	1,739			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	20	409			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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
7/9/2021 9:58 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	2,017	156	7,525	1.00
2.00 HMO and other (see instructions)				1,477	835		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,017		156	7,525	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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
7/9/2021 9:58 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	58,215,582	-198,412	58,017,170	1,727,810.92	33.58
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist 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		192,800	0	192,800	3,120.00	61.79
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)		194,991	419,781	614,772	10,585.69	58.08
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		747,693	0	747,693	10,877.21	68.74
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		567,846	0	567,846	5,482.62	103.57
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		18,619,474	0	18,619,474	456,422.00	40.79
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)		14,738,692	0	14,738,692		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		73,696	0	73,696		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist 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		36,292	0	36,292		
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)		6,684,325	0	6,684,325		
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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
7/9/2021 9:58 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	1,149,647	0	1,149,647	1.00	1,149,647.00	26.00
27.00	Administrative & General	7,096,288	-455,977	6,640,311	127,095.50	52.25	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	5,628.11	0.00	28.00
29.00	Maintenance & Repairs	713,311	0	713,311	28,261.18	25.24	29.00
30.00	Operation of Plant	834,774	0	834,774	32,818.16	25.44	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,114,989	-4,350	1,110,639	72,890.89	15.24	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,169,675	-827,338	342,337	20,543.59	16.66	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	823,651	823,651	48,900.46	16.84	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,909,260	-13,322	2,895,938	66,328.16	43.66	38.00
39.00	Central Services and Supply	395,978	0	395,978	18,658.60	21.22	39.00
40.00	Pharmacy	2,516,896	-3,991	2,512,905	64,012.66	39.26	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	207,580	0	207,580	14,709.73	14.11	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part III
Date/Time Prepared:
7/9/2021 9:58 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)	58,022,782	-198,412	57,824,370	1,730,319.03	33.42	1.00
2.00	Excluded area salaries (see instructions)	194,991	419,781	614,772	10,585.69	58.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,827,791	-618,193	57,209,598	1,719,733.34	33.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,935,013	0	19,935,013	472,781.83	42.17	4.00
5.00	Subtotal wage-related costs (see inst.)	21,423,017	0	21,423,017	0.00	37.45	5.00
6.00	Total (sum of lines 3 thru 5)	99,185,821	-618,193	98,567,628	2,192,515.17	44.96	6.00
7.00	Total overhead cost (see instructions)	18,108,398	-481,327	17,627,071	499,848.04	35.26	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/9/2021 9:58 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	2,074,235	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)	7,703,769	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	241,192	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	26,952	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)	272,714	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	276,114	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	4,172,455	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	81,249	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,848,680	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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/9/2021 9:58 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	747,693	14,848,680	1.00
2.00	Hospital	747,693	14,848,680	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/9/2021 9:58 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)			0.178416	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			9,968,418	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			125,326,975	6.00	
7.00	Medicaid cost (line 1 times line 6)			22,360,338	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)			12,391,920	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)			31,626	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			232,266	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			41,440	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)			9,814	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)			12,401,734	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)	14,983,261	727,674	15,710,935	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,673,253	727,674	3,400,927	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)	2,673,253	727,674	3,400,927	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)			18,464,028	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			328,943	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			506,066	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			17,957,962	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,381,111	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,782,038	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,183,772	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet A	
Date/Time Prepared: 7/9/2021 9:58 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	0	0	4,391,572	4,391,572	1.00
1.01	00101	MOB	609,744	609,744	338,972	948,716	1.01
1.02	00102	INTEREST	0	0	1,705	1,705	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	6,005,643	6,005,643	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,149,647	460,977	1,610,624	9,722,476	11,333,100
5.01	00540	NONPATIENT TELEPHONES	0	38,326	38,326	-23,792	14,534
5.02	00550	DATA PROCESSING	0	5,450	5,450	-1,831	3,619
5.03	00560	PURCHASING RECEIVING AND STORES	0	67,435	67,435	-16,551	50,884
5.04	00590	ADMINISTRATIVE AND GENERAL	7,096,288	56,472,135	63,568,423	-3,084,158	60,484,265
6.00	00600	MAINTENANCE & REPAIRS	713,311	6,206,203	6,919,514	-4,183,201	2,736,313
7.00	00700	OPERATION OF PLANT	834,774	3,506,514	4,341,288	543,987	4,885,275
8.00	00800	LAUNDRY & LINEN SERVICE	0	104,295	104,295	192	104,487
9.00	00900	HOUSEKEEPING	1,114,989	1,362,947	2,477,936	-458,035	2,019,901
10.00	01000	DIETARY	1,169,675	1,673,876	2,843,551	-2,111,644	731,907
11.00	01100	CAFETERIA	0	0	0	1,742,176	1,742,176
13.00	01300	NURSING ADMINISTRATION	2,909,260	1,990,903	4,900,163	-912,802	3,987,361
14.00	01400	CENTRAL SERVICES & SUPPLY	395,978	223,582	619,560	4,392,320	5,011,880
15.00	01500	PHARMACY	2,516,896	5,360,363	7,877,259	-4,829,887	3,047,372
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	207,580	126,087	333,667	-36,825	296,842
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,515,503	7,967,496	20,482,999	-6,650,252	13,832,747
31.00	03100	INTENSIVE CARE UNIT	4,089,837	2,928,112	7,017,949	-1,424,297	5,593,652
35.00	02080	NEONATAL INTENSIVE CARE UNIT	965,002	219,054	1,184,056	-143,571	1,040,485
43.00	04300	NURSERY	0	0	0	412,682	412,682
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,973,869	12,248,470	15,222,339	-11,002,560	4,219,779
51.00	05100	RECOVERY ROOM	2,508,984	885,363	3,394,347	-663,777	2,730,570
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,327,171	2,327,171
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,609,696	5,442,636	10,052,332	-3,685,294	6,367,038
55.00	05500	RADIOLOGY-THERAPEUTIC	786,876	1,304,102	2,090,978	-693,522	1,397,456
59.00	05900	CARDIAC CATHETERIZATION	1,143,431	4,086,193	5,229,624	-2,652,531	2,577,093
60.00	06000	LABORATORY	0	7,689,850	7,689,850	0	7,689,850
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	442,081	442,081	-2,427	439,654
65.00	06500	RESPIRATORY THERAPY	1,655,977	874,194	2,530,171	-707,947	1,822,224
66.00	06600	PHYSICAL THERAPY	1,799,292	637,991	2,437,283	-453,999	1,983,284
67.00	06700	OCCUPATIONAL THERAPY	572,303	133,595	705,898	-90,613	615,285
68.00	06800	SPEECH PATHOLOGY	207,957	53,008	260,965	-34,747	226,218
69.00	06900	ELECTROCARDIOLOGY	807,242	722,598	1,529,840	-313,099	1,216,741
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,788,670	3,788,670
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,451,566	7,451,566
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,092,190	5,092,190
74.00	07400	RENAL DIALYSIS	0	289,514	289,514	-14,104	275,410
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	210,968	169,209	380,177	-98,947	281,230
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	425,684	425,684	-23,577	402,107
90.02	09002	SLEEP LAB	0	620,439	620,439	-11,784	608,655
91.00	09100	EMERGENCY	4,646,856	5,783,119	10,429,975	-1,933,083	8,496,892
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	418,400	100,322	518,722	-92,664	426,058
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,020,591	131,231,867	189,252,458	-140,199	189,112,259
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	95,063	199,355	294,418	-60,046	234,372
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,441	16,441	-16,441	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	373,283	373,283	8,399	381,682
192.03	19203	BACK AND NECK	99,928	298,420	398,348	-288,268	110,080
192.04	19204	TIPTON SERVICES	0	0	0	65,242	65,242
192.05	19205	NORTH SERVICES	0	0	0	351,296	351,296
192.06	19206	SAXONY SERVICES	0	0	0	80,017	80,017
200.00		TOTAL (SUM OF LINES 118 through 199)	58,215,582	132,119,366	190,334,948	0	190,334,948

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
7/9/2021 9:58 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	58,758	4,450,330	1.00
1.01	00101 MOB	0	948,716	1.01
1.02	00102 INTEREST	5,176,900	5,178,605	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	979,509	6,985,152	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,465,530	12,798,630	4.00
5.01	00540 NONPATIENT TELEPHONES	0	14,534	5.01
5.02	00550 DATA PROCESSING	8,234,898	8,238,517	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	653,467	704,351	5.03
5.04	00590 ADMINISTRATIVE AND GENERAL	-33,401,011	27,083,254	5.04
6.00	00600 MAINTENANCE & REPAIRS	-462,834	2,273,479	6.00
7.00	00700 OPERATION OF PLANT	65,768	4,951,043	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	104,487	8.00
9.00	00900 HOUSEKEEPING	0	2,019,901	9.00
10.00	01000 DIETARY	0	731,907	10.00
11.00	01100 CAFETERIA	-659,012	1,083,164	11.00
13.00	01300 NURSING ADMINISTRATION	489,776	4,477,137	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-25,410	4,986,470	14.00
15.00	01500 PHARMACY	-74,136	2,973,236	15.00
17.00	01700 SOCIAL SERVICE	0	0	17.00
18.00	01080 TRANSPORTATION	0	296,842	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,299,157	11,533,590	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,110,560	4,483,092	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	0	1,040,485	35.00
43.00	04300 NURSERY	0	412,682	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-470,045	3,749,734	50.00
51.00	05100 RECOVERY ROOM	0	2,730,570	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,327,171	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-137,977	6,229,061	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-367,098	1,030,358	55.00
59.00	05900 CARDIAC CATHETERIZATION	-1,290,088	1,287,005	59.00
60.00	06000 LABORATORY	0	7,689,850	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	439,654	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,822,224	65.00
66.00	06600 PHYSICAL THERAPY	0	1,983,284	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	615,285	67.00
68.00	06800 SPEECH PATHOLOGY	0	226,218	68.00
69.00	06900 ELECTROCARDIOLOGY	-349,834	866,907	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,788,670	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,451,566	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,092,190	73.00
74.00	07400 RENAL DIALYSIS	0	275,410	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	281,230	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	402,107	90.01
90.02	09002 SLEEP LAB	0	608,655	90.02
91.00	09100 EMERGENCY	-3,154,574	5,342,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	426,058	92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-26,677,130	162,435,129	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	234,372	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	0	192.01
192.02	19202 MARKETING	0	381,682	192.02
192.03	19203 BACK AND NECK	0	110,080	192.03
192.04	19204 TIPTON SERVICES	0	65,242	192.04
192.05	19205 NORTH SERVICES	0	351,296	192.05
192.06	19206 SAXONY SERVICES	0	80,017	192.06
200.00	TOTAL (SUM OF LINES 118 through 199)	-26,677,130	163,657,818	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,838,729	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	5,803,445	2.00
3.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	150,875	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	5,064	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
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
				9,798,113	
B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	417,946	1.00
2.00	MOB	1.01	0	596,706	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	197,134	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
				1,211,786	
C - INTEREST					
1.00	INTEREST	1.02	0	1,705	1.00
				1,705	
D - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,722,463	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
			0	9,722,463	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,108,072	219,099	1.00
			2,108,072	219,099	
H - NURSERY					
1.00	NURSERY	43.00	373,865	38,817	1.00
			373,865	38,817	
I - DIETARY					
1.00	CAFETERIA	11.00	823,651	918,525	1.00
			823,651	918,525	
K - STD					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	36,196	1.00
2.00	HOUSEKEEPING	9.00	0	4,350	2.00
3.00	DIETARY	10.00	0	3,687	3.00
4.00	NURSING ADMINISTRATION	13.00	0	13,322	4.00
5.00	PHARMACY	15.00	0	3,991	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	34,435	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	24,390	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,554	8.00
9.00	OPERATING ROOM	50.00	0	2,858	9.00
10.00	RECOVERY ROOM	51.00	0	11,266	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,497	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,805	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,877	13.00
14.00	RESPIRATORY THERAPY	65.00	0	1,559	14.00
15.00	PHYSICAL THERAPY	66.00	0	13,694	15.00
17.00	EMERGENCY	91.00	0	19,931	17.00
			0	198,412	
L - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	1,415,555	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
			0	1,415,555	
M - MARKETING					
1.00	MARKETING	192.02	0	8,399	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	40	2.00
			0	8,439	
N - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,092,190	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
			0	5,092,190	
O - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	403,601	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
			0	403,601	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
7/9/2021 9:58 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
P - BILLABLE IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,801	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,451,566	2.00
3.00	RECOVERY ROOM	51.00	0	3	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
	0		0	7,461,370	
Q - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,778,869	1.00
2.00	RECOVERY ROOM	51.00	0	937	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
	0		0	3,779,806	
R - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,223,589	1.00
2.00	OPERATION OF PLANT	7.00	0	33,560	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	191	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	597,283	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
	0		0	5,854,623	
S - DRUG REBATES					
1.00	ADULTS & PEDIATRICS	30.00	0	76	1.00
	TOTALS		0	76	
T - SUPPLY REBATES RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	11,001	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	12,645	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	39	4.00
5.00	OPERATION OF PLANT	7.00	0	194	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	1	6.00
7.00	HOUSEKEEPING	9.00	0	2,529	7.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
7/9/2021 9:58 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	DIETARY	10.00	0	221	8.00
9.00	NURSING ADMINISTRATION	13.00	0	39,589	9.00
10.00	PHARMACY	15.00	0	17,473	10.00
11.00	TRANSPORTATION	18.00	0	6	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	113,941	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	43,637	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,691	14.00
15.00	OPERATING ROOM	50.00	0	255,791	15.00
16.00	RECOVERY ROOM	51.00	0	8,266	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,878	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	451	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	76,076	19.00
20.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	12	20.00
21.00	RESPIRATORY THERAPY	65.00	0	6,873	21.00
22.00	PHYSICAL THERAPY	66.00	0	4,703	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	73	23.00
24.00	SPEECH PATHOLOGY	68.00	0	22	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,292	25.00
26.00	RENAL DIALYSIS	74.00	0	145	26.00
27.00	CARDIAC REHABILITATION	76.97	0	282	27.00
28.00	BEHAVIORAL HEALTH	90.01	0	6	28.00
29.00	SLEEP LAB	90.02	0	363	29.00
30.00	EMERGENCY	91.00	0	59,414	30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,625	31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	8	32.00
33.00	BACK AND NECK	192.03	0	91	33.00
			0	700,351	
V - TIPTON, NORTH, SAXONY RECLASS					
1.00	TIPTON SERVICES	192.04	55,155	10,087	1.00
2.00	NORTH SERVICES	192.05	296,981	54,315	2.00
3.00	SAXONY SERVICES	192.06	67,645	12,372	3.00
	TOTALS		419,781	76,774	
W - ROUTINE COSTS					
1.00	ADULTS & PEDIATRICS	30.00	69,984	9,251	1.00
2.00		0.00	0	0	2.00
	TOTALS		69,984	9,251	
500.00	Grand Total: Increases		3,795,353	46,910,956	500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
7/9/2021 9:58 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	15,978	9		1.00
2.00	MOB	1.01	0	256,654	9		2.00
3.00	NONPATIENT TELEPHONES	5.01	0	23,792	12		3.00
4.00	DATA PROCESSING	5.02	0	1,831	12		4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,248,592	13		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	2,648,097	0		6.00
7.00	OPERATION OF PLANT	7.00	0	697,581	0		7.00
9.00	HOUSEKEEPING	9.00	0	2,427	0		9.00
10.00	DIETARY	10.00	0	17,675	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	517,595	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,749	0		12.00
13.00	PHARMACY	15.00	0	73,327	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	250,515	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	10,174	0		15.00
16.00	OPERATING ROOM	50.00	0	943,002	0		16.00
17.00	RECOVERY ROOM	51.00	0	2,251	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,784,496	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	539,818	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	302,937	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	57,476	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	18,558	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	91,429	0		23.00
24.00	SLEEP LAB	90.02	0	465	0		24.00
25.00	EMERGENCY	91.00	0	264,142	0		25.00
26.00	BACK AND NECK	192.03	0	7,552	0		26.00
	O		0	9,798,113			
B - LEASE							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	4,410	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	639,053	10		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	69,071	10		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	104,095	0		4.00
5.00	OPERATING ROOM	50.00	0	7,090	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	37,774	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	37,774	0		7.00
8.00	BEHAVIORAL HEALTH	90.01	0	23,488	0		8.00
9.00	EMERGENCY	91.00	0	7,730	0		9.00
10.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	31,074	0		10.00
11.00	BACK AND NECK	192.03	0	250,227	0		11.00
	O		0	1,211,786			
C - INTEREST							
1.00	OPERATION OF PLANT	7.00	0	1,705	10		1.00
	O		0	1,705			
D - BENEFITS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	575,240	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	144,440	0		2.00
3.00	OPERATION OF PLANT	7.00	0	205,673	0		3.00
4.00	HOUSEKEEPING	9.00	0	367,705	0		4.00
5.00	DIETARY	10.00	0	349,844	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	433,700	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,236	0		7.00
8.00	PHARMACY	15.00	0	413,737	0		8.00
9.00	TRANSPORTATION	18.00	0	36,824	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,300,760	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	684,909	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	107,746	0		12.00
13.00	OPERATING ROOM	50.00	0	636,629	0		13.00
14.00	RECOVERY ROOM	51.00	0	477,666	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	768,437	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	141,544	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	166,320	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	293,953	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	280,619	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	86,306	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	33,658	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	168,322	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	57,505	0		23.00
24.00	BEHAVIORAL HEALTH	90.01	0	95	0		24.00
25.00	EMERGENCY	91.00	0	812,241	0		25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	15,171	0		26.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
7/9/2021 9:58 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	29,020	0	27.00
28.00	BACK AND NECK	192.03	0	29,163	0	28.00
			0	9,722,463		
F - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	2,108,072	219,099	0	1.00
			2,108,072	219,099		
H - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	373,865	38,817	0	1.00
			373,865	38,817		
I - DIETARY						
1.00	DIETARY	10.00	823,651	918,525	0	1.00
			823,651	918,525		
K - STD						
1.00	ADMINISTRATIVE AND GENERAL	5.04	36,196	0	0	1.00
2.00	HOUSEKEEPING	9.00	4,350	0	0	2.00
3.00	DIETARY	10.00	3,687	0	0	3.00
4.00	NURSING ADMINISTRATION	13.00	13,322	0	0	4.00
5.00	PHARMACY	15.00	3,991	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	34,435	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	24,390	0	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	4,554	0	0	8.00
9.00	OPERATING ROOM	50.00	2,858	0	0	9.00
10.00	RECOVERY ROOM	51.00	11,266	0	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	19,497	0	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	2,805	0	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	1,877	0	0	13.00
14.00	RESPIRATORY THERAPY	65.00	1,559	0	0	14.00
15.00	PHYSICAL THERAPY	66.00	13,694	0	0	15.00
17.00	EMERGENCY	91.00	19,931	0	0	17.00
			198,412	0		
L - UTILITIES						
1.00	MOB	1.01	0	1,080	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,390,595	0	2.00
3.00	OPERATING ROOM	50.00	0	6,060	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,441	0	4.00
5.00	BACK AND NECK	192.03	0	1,379	0	5.00
			0	1,415,555		
M - MARKETING						
1.00	ADMINISTRATIVE AND GENERAL	5.04		8,023	0	1.00
2.00	RECOVERY ROOM	51.00		416	0	2.00
				8,439		
N - BILLABLE DRUGS						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	40,034	0	1.00
2.00	PHARMACY	15.00	0	4,685,900	0	2.00
3.00	OPERATING ROOM	50.00	0	7,244	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	325,016	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	33,996	0	5.00
			0	5,092,190		
O - NON-BILLABLE DRUGS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	35	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,615	0	2.00
3.00	OPERATION OF PLANT	7.00	0	363	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,019	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,160	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	55,113	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	31,772	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,212	0	8.00
9.00	OPERATING ROOM	50.00	0	52,569	0	9.00
10.00	RECOVERY ROOM	51.00	0	5,992	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,660	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	4	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	18,047	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	10,223	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	640	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,398	0	16.00
17.00	RENAL DIALYSIS	74.00	0	1,738	0	17.00
18.00	EMERGENCY	91.00	0	194,807	0	18.00
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	3,234	0	19.00
			0	403,601		

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
7/9/2021 9:58 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
P - BILLABLE IMPLANTS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2,612	0		1.00
2.00	PHARMACY	15.00	0	110	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	536	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	3,170	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	31	0		5.00
6.00	OPERATING ROOM	50.00	0	5,888,366	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	1,566,308	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	175	0		8.00
9.00	EMERGENCY	91.00	0	62	0		9.00
	O		0	7,461,370			
Q - BILLABLE SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	9,997	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	25,854	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,773	0		3.00
4.00	PHARMACY	15.00	0	549	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	118,275	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	41,946	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,189	0		7.00
8.00	OPERATING ROOM	50.00	0	2,013,228	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	267,664	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,238,282	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	2,510	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	12,189	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	37	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,179	0		14.00
15.00	RENAL DIALYSIS	74.00	0	2,800	0		15.00
16.00	EMERGENCY	91.00	0	40,729	0		16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	605	0		17.00
	O		0	3,779,806			
R - NON-BILLABLE SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	10,498	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	61,837	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	108	0		3.00
4.00	HOUSEKEEPING	9.00	0	90,432	0		4.00
5.00	DIETARY	10.00	0	2,170	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	77	0		6.00
7.00	PHARMACY	15.00	0	77,262	0		7.00
8.00	TRANSPORTATION	18.00	0	7	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,309,381	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	591,868	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	34,084	0		11.00
12.00	OPERATING ROOM	50.00	0	1,704,163	0		12.00
13.00	RECOVERY ROOM	51.00	0	161,821	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	560,899	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,607	0		15.00
16.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	2,439	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	350,658	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	108,922	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	4,343	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	1,111	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	50,888	0		21.00
22.00	RENAL DIALYSIS	74.00	0	9,711	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	3,950	0		23.00
24.00	SLEEP LAB	90.02	0	11,682	0		24.00
25.00	EMERGENCY	91.00	0	672,786	0		25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	20,881	0		26.00
27.00	BACK AND NECK	192.03	0	38	0		27.00
	O		0	5,854,623			
S - DRUG REBATES							
1.00	PHARMACY	15.00	0	76	0		1.00
	TOTALS		0	76			
T - SUPPLY REBATES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	700,351	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
6.00	0.00	0	0	0	0	6.00	
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
0		0	700,351				
V - TIPTON, NORTH, SAXONY RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	419,781	76,774	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		419,781	76,774			
W - ROUTINE COSTS							
1.00	RECOVERY ROOM	51.00	22,612	2,225	0	1.00	
2.00	OBSERVATION BEDS (DISTINCT PART)	92.01	47,372	7,026	0	2.00	
	TOTALS		69,984	9,251			
500.00	Grand Total: Decreases		3,993,765	46,712,544		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part I
Date/Time Prepared:
7/9/2021 9:58 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	6,800,703	0	0	0	2.00
3.00	Buildings and Fixtures	76,957,802	0	0	0	3.00
4.00	Building Improvements	31,941,191	73,160	0	73,160	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	69,967,296	7,716,764	0	7,716,764	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	185,666,992	7,789,924	0	7,789,924	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	185,666,992	7,789,924	0	7,789,924	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	6,800,703	0			2.00
3.00	Buildings and Fixtures	76,957,802	0			3.00
4.00	Building Improvements	32,014,351	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	77,260,628	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	193,033,484	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	193,033,484	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part II
Date/Time Prepared:
7/9/2021 9:58 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	0	0	0	0	0	1.00
1.01	MOB	256,654	269,026	0	0	0	1.01
1.02	INTEREST	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)	256,654	269,026	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	0				1.00
1.01	MOB	84,064	609,744				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	84,064	609,744				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part III
Date/Time Prepared:
7/9/2021 9:58 am

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	115,772,856	0	115,772,856	0.599755	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	77,260,628	0	77,260,628	0.400245	0	2.00
3.00	Total (sum of lines 1-2)	193,033,484	0	193,033,484	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	4,338,482	-39,027	1.00
1.01	MOB	0	0	0	0	864,652	1.01
1.02	INTEREST	0	0	0	0	1,705	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,782,954	197,134	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,121,436	1,024,464	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	150,875	0	0	4,450,330	1.00
1.01	MOB	0	0	0	84,064	948,716	1.01
1.02	INTEREST	5,176,900	0	0	0	5,178,605	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,064	0	0	6,985,152	2.00
3.00	Total (sum of lines 1-2)	5,176,900	155,939	0	84,064	17,562,803	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - MOB (chapter 2)			OMOB	1.01	0	1.01
1.02 Investment income - INTEREST (chapter 2)	B	-3,772,937	INTEREST	1.02	11	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-456,973	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	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	-16,687,140			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	22,872,919			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-659,012	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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - MOB			OMOB	1.01	0	26.01
26.02 Depreciation - INTEREST			OINTEREST	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
29.00	Physicians' assistant	0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0			0.00	32.00
33.00	MISCELLANEOUS INCOME	B	-452,410	ADMINISTRATIVE AND GENERAL	5.04	33.00
33.01	MISCELLANEOUS INCOME	B	-303,145	MAINTENANCE & REPAIRS	6.00	33.01
33.02	MISCELLANEOUS INCOME	B	-25,410	CENTRAL SERVICES & SUPPLY	14.00	33.02
33.03	MISCELLANEOUS INCOME	B	-74,136	PHARMACY	15.00	33.03
33.04	MISCELLANEOUS INCOME	B	-24,162	ELECTROCARDIOLOGY	69.00	33.04
33.05	CONTRIBUTION EXPENSE	A	-20,000	ADMINISTRATIVE AND GENERAL	5.04	33.05
33.06	HAF FEES	A	-12,946,995	ADMINISTRATIVE AND GENERAL	5.04	33.06
33.07	BENEFITS TO HO	A	-9,722,436	EMPLOYEE BENEFITS DEPARTMENT	4.00	33.07
33.08	WEST EXPANSION EXPENSE	A	-4,404,825	ADMINISTRATIVE AND GENERAL	5.04	33.08
33.09	TELEPHONE EQUIPMENT	A	-468	MAINTENANCE & REPAIRS	6.00	33.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,677,130			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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 7/9/2021 9:58 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HO CR ALLOCATIONS	515,731	0
2.00	1.02	INTEREST	HO CR ALLOCATIONS	8,949,837	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO CR ALLOCATIONS	979,509	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO CR ALLOCATIONS	11,187,966	0
4.01	5.02	DATA PROCESSING	HO CR ALLOCATIONS	8,234,898	0
4.02	5.03	PURCHASING RECEIVING AND STO	HO CR ALLOCATIONS	653,467	0
4.03	5.04	ADMINISTRATIVE AND GENERAL	HO CR ALLOCATIONS	21,115,753	29,558,416
4.04	6.00	MAINTENANCE & REPAIRS	HO CR ALLOCATIONS	0	159,221
4.05	13.00	NURSING ADMINISTRATION	HO CR ALLOCATIONS	568,601	78,825
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	13,980	13,980
4.07	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY	6,677,261	6,677,261
4.08	13.00	NURSING ADMINISTRATION	INTERCOMPANY	395,222	395,222
4.09	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	2,527,503	2,527,503
4.10	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	1,131,635	1,131,635
4.11	50.00	OPERATING ROOM	INTERCOMPANY	380,693	380,693
4.12	51.00	RECOVERY ROOM	INTERCOMPANY	26,000	26,000
4.13	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	349,907	349,907
4.14	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	377,534	377,534
4.15	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY	1,325,199	1,325,199
4.16	60.00	LABORATORY	INTERCOMPANY	7,689,794	7,689,794
4.17	65.00	RESPIRATORY THERAPY	INTERCOMPANY	6,459	6,459
4.18	66.00	PHYSICAL THERAPY	INTERCOMPANY	3,297	3,297
4.19	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	335,672	335,672
4.20	74.00	RENAL DIALYSIS	INTERCOMPANY	2,713	2,713
4.21	76.97	CARDIAC REHABILITATION	INTERCOMPANY	9,066	9,066
4.22	90.01	BEHAVIORAL HEALTH	INTERCOMPANY	23,514	23,514
4.23	90.02	SLEEP LAB	INTERCOMPANY	599,320	599,320
4.24	91.00	EMERGENCY	INTERCOMPANY	3,344,379	3,344,379
4.25	92.01	OBSERVATION BEDS (DISTINCT P	INTERCOMPANY	24,854	24,854
4.26	192.02	MARKETING	INTERCOMPANY	25,134	25,134
4.28	192.03	BACK AND NECK	INTERCOMPANY	-38,892	-38,892
4.29	5.04	ADMINISTRATIVE AND GENERAL	NORTH ALLOCATION	249,296	0
4.30	7.00	OPERATION OF PLANT	NORTH ALLOCATION	65,768	0
4.31	54.00	RADIOLOGY-DIAGNOSTIC	NORTH ALLOCATION	148,555	0
5.00	0			77,899,625	55,026,706

* 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	IU HEALTH	100.00	IU HEALTH-HO	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:	FINANCIAL				100.00

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
7/9/2021 9:58 am

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

(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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
7/9/2021 9:58 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	515,731	9		1.00
2.00	8,949,837	11		2.00
3.00	979,509	9		3.00
4.00	11,187,966	0		4.00
4.01	8,234,898	0		4.01
4.02	653,467	0		4.02
4.03	-8,442,663	0		4.03
4.04	-159,221	0		4.04
4.05	489,776	0		4.05
4.06	0	10		4.06
4.07	0	0		4.07
4.08	0	9		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
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.28	0	0		4.28
4.29	249,296	0		4.29
4.30	65,768	0		4.30
4.31	148,555	0		4.31
5.00	22,872,919			5.00

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

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

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

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

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

6.00	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: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:
7/9/2021 9:58 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	5.04	ADMINISTRATIVE AND GENERAL	7,383,414	7,383,414	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,299,157	2,299,157	0	237,100	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,110,560	1,110,560	0	197,500	0	3.00
4.00	50.00	OPERATING ROOM	470,045	470,045	0	239,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	286,532	286,532	0	271,900	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	367,098	367,098	0	271,900	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	1,290,088	1,290,088	0	197,500	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	325,672	325,672	0	197,500	0	8.00
9.00	91.00	EMERGENCY	3,154,574	3,154,574	0	197,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			16,687,140	16,687,140	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	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	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	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	7,383,414		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,299,157		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,110,560		3.00
4.00	50.00	OPERATING ROOM	0	0	0	470,045		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	286,532		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	367,098		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,290,088		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	325,672		8.00
9.00	91.00	EMERGENCY	0	0	0	3,154,574		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	16,687,140		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,450,330	4,450,330				1.00
1.01 00101 MOB	948,716	218,806	1,167,522			1.01
1.02 00102 INTEREST	5,178,605	0	0	5,178,605		1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	6,985,152				6,985,152	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,798,630	24,917	0	30,493	0	4.00
5.01 00540 NONPATIENT TELEPHONES	14,534	0	0	0	0	5.01
5.02 00550 DATA PROCESSING	8,238,517	66,374	0	81,229	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	704,351	87,459	0	107,034	0	5.03
5.04 00590 ADMINISTRATIVE AND GENERAL	27,083,254	143,792	149,117	175,975	267,901	5.04
6.00 00600 MAINTENANCE & REPAIRS	2,273,479	652,019	0	797,951	520,162	6.00
7.00 00700 OPERATION OF PLANT	4,951,043	20,570	0	25,174	143,627	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	104,487	19,791	0	24,220	0	8.00
9.00 00900 HOUSEKEEPING	2,019,901	83,007	14,319	101,585	0	9.00
10.00 01000 DIETARY	731,907	93,523	9,045	114,455	9,902	10.00
11.00 01100 CAFETERIA	1,083,164	222,611	0	272,435	23,569	11.00
13.00 01300 NURSING ADMINISTRATION	4,477,137	28,404	0	34,762	320,011	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,986,470	107,448	0	131,496	86,797	14.00
15.00 01500 PHARMACY	2,973,236	95,848	0	117,301	107,844	15.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01080 TRANSPORTATION	296,842	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,533,590	768,357	0	940,327	152,603	30.00
31.00 03100 INTENSIVE CARE UNIT	4,483,092	195,726	0	239,532	83,403	31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT	1,040,485	39,859	0	48,780	0	35.00
43.00 04300 NURSERY	412,682	36,741	0	44,964	16,393	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,749,734	412,220	0	504,481	1,290,279	50.00
51.00 05100 RECOVERY ROOM	2,730,570	131,638	0	161,100	4,658	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,327,171	207,312	0	253,712	92,557	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,229,061	217,881	0	266,647	2,280,675	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,030,358	132,140	0	161,715	659,920	55.00
59.00 05900 CARDIAC CATHETERIZATION	1,287,005	12,036	0	14,729	566,211	59.00
60.00 06000 LABORATORY	7,689,850	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	439,654	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,822,224	35,089	0	42,943	57,108	65.00
66.00 06600 PHYSICAL THERAPY	1,983,284	2,193	58,452	2,684	10,048	66.00
67.00 06700 OCCUPATIONAL THERAPY	615,285	2,193	58,452	2,684	0	67.00
68.00 06800 SPEECH PATHOLOGY	226,218	2,193	58,452	2,684	0	68.00
69.00 06900 ELECTROCARDIOLOGY	866,907	0	0	0	120,249	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,788,670	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,451,566	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,092,190	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	275,410	9,948	0	12,175	1,393	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	281,230	0	35,634	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 BEHAVIORAL HEALTH	402,107	0	53,592	0	0	90.01
90.02 09002 SLEEP LAB	608,655	1,942	143,058	2,377	0	90.02
91.00 09100 EMERGENCY	5,342,318	294,467	0	360,374	159,815	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	426,058	63,018	0	77,122	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	162,435,129	4,429,522	580,121	5,153,140	6,975,125	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	234,372	0	96,701	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	299,673	0	0	192.00
192.01 19201 RETAIL PHARMACY	0	0	0	0	0	192.01
192.02 19202 MARKETING	381,682	0	14,253	0	0	192.02
192.03 19203 BACK AND NECK	110,080	0	176,774	0	10,027	192.03
192.04 19204 TRIPTON SERVICES	65,242	2,735	0	3,347	0	192.04
192.05 19205 NORTH SERVICES	351,296	14,717	0	18,011	0	192.05
192.06 19206 SAXONY SERVICES	80,017	3,356	0	4,107	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	163,657,818	4,450,330	1,167,522	5,178,605	6,985,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,854,040				4.00
5.01	00540	NONPATIENT TELEPHONES	0	14,534			5.01
5.02	00550	DATA PROCESSING	0	0	8,386,120		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	898,844	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	1,500,943	1,039	599,632	3,185	29,924,838
6.00	00600	MAINTENANCE & REPAIRS	161,233	231	133,372	6	4,538,453
7.00	00700	OPERATION OF PLANT	188,688	268	154,864	0	5,484,234
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	342	148,840
9.00	00900	HOUSEKEEPING	251,043	596	343,881	4,658	2,818,990
10.00	01000	DIETARY	77,380	168	96,962	33	1,133,375
11.00	01100	CAFETERIA	186,174	400	230,726	79	2,019,158
13.00	01300	NURSING ADMINISTRATION	654,583	542	312,967	0	5,828,406
14.00	01400	CENTRAL SERVICES & SUPPLY	89,505	153	88,031	2,297	5,492,197
15.00	01500	PHARMACY	568,004	524	302,073	3,980	4,168,810
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	46,920	120	69,385	0	413,267
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,275,963	2,875	1,658,754	55,591	17,388,060
31.00	03100	INTENSIVE CARE UNIT	918,933	976	563,321	30,487	6,515,470
35.00	02080	NEONATAL INTENSIVE CARE UNIT	217,095	178	102,556	1,756	1,450,709
43.00	04300	NURSERY	84,507	92	53,093	1,817	650,289
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	671,552	772	445,455	88,043	7,162,536
51.00	05100	RECOVERY ROOM	559,461	565	326,216	8,256	3,922,464
52.00	05200	DELIVERY ROOM & LABOR ROOM	476,498	512	295,498	10,241	3,663,501
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,037,546	1,047	604,147	28,891	10,665,895
55.00	05500	RADIOLOGY-THERAPEUTIC	177,227	157	90,583	649	2,252,749
59.00	05900	CARDIAC CATHETERIZATION	258,031	212	122,086	0	2,260,310
60.00	06000	LABORATORY	0	405	233,670	0	7,923,925
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	22,501	462,155
65.00	06500	RESPIRATORY THERAPY	373,956	376	216,790	18,062	2,566,548
66.00	06600	PHYSICAL THERAPY	403,608	370	213,748	5,618	2,680,005
67.00	06700	OCCUPATIONAL THERAPY	129,361	112	64,870	224	873,181
68.00	06800	SPEECH PATHOLOGY	47,006	38	21,983	57	358,631
69.00	06900	ELECTROCARDIOLOGY	182,465	174	100,299	2,621	1,272,715
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	195,151	3,983,821
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	377,387	7,828,953
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,092,190
74.00	07400	RENAL DIALYSIS	0	0	0	500	299,426
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	47,686	67	38,471	203	403,291
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	82	47,303	0	503,084
90.02	09002	SLEEP LAB	0	0	0	602	756,634
91.00	09100	EMERGENCY	1,045,847	1,270	733,004	34,655	7,971,750
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	83,865	95	54,664	950	705,772
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,715,080	14,416	8,318,404	898,842	161,584,632
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,488	42	24,044	0	376,647
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	299,673
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	0	395,935
192.03	19203	BACK AND NECK	22,587	45	25,909	2	345,424
192.04	19204	TIPTON SERVICES	12,467	4	2,355	0	86,150
192.05	19205	NORTH SERVICES	67,128	22	12,562	0	463,736
192.06	19206	SAXONY SERVICES	15,290	5	2,846	0	105,621
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	12,854,040	14,534	8,386,120	898,844	163,657,818

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	29,924,838				5.04
6.00	00600	MAINTENANCE & REPAIRS	1,015,551	5,554,004			6.00
7.00	00700	OPERATION OF PLANT	1,227,185	35,077	6,746,496		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,305	33,748	41,255	257,148	8.00
9.00	00900	HOUSEKEEPING	630,794	141,549	173,034	0	3,764,367
10.00	01000	DIETARY	253,611	159,482	194,956	0	112,349
11.00	01100	CAFETERIA	451,819	379,612	464,049	0	267,421
13.00	01300	NURSING ADMINISTRATION	1,304,199	48,437	59,211	0	34,122
14.00	01400	CENTRAL SERVICES & SUPPLY	1,228,967	183,228	223,983	0	129,076
15.00	01500	PHARMACY	932,838	163,447	199,803	0	115,142
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	92,475	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,890,801	1,310,257	1,601,694	152,491	923,021
31.00	03100	INTENSIVE CARE UNIT	1,457,941	333,766	408,005	0	235,124
35.00	02080	NEONATAL INTENSIVE CARE UNIT	324,619	67,970	83,088	255	47,882
43.00	04300	NURSERY	145,513	62,653	76,589	0	44,136
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,602,732	702,947	859,302	17,667	495,197
51.00	05100	RECOVERY ROOM	877,714	224,478	274,408	0	158,135
52.00	05200	DELIVERY ROOM & LABOR ROOM	819,767	353,523	432,157	0	249,043
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,386,665	371,547	454,189	47,813	261,739
55.00	05500	RADIOLOGY-THERAPEUTIC	504,089	225,334	275,455	3,199	158,739
59.00	05900	CARDIAC CATHETERIZATION	505,781	20,524	25,089	0	14,458
60.00	06000	LABORATORY	1,773,105	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	103,415	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	574,306	59,837	73,146	0	42,153
66.00	06600	PHYSICAL THERAPY	599,694	3,740	4,572	0	2,635
67.00	06700	OCCUPATIONAL THERAPY	195,388	3,740	4,572	0	2,635
68.00	06800	SPEECH PATHOLOGY	80,249	3,740	4,572	0	2,635
69.00	06900	ELECTROCARDIOLOGY	284,790	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	891,444	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,751,853	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,139,459	0	0	0	0
74.00	07400	RENAL DIALYSIS	67,001	16,964	20,738	0	11,951
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	90,243	0	0	4	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	112,573	0	0	0	0
90.02	09002	SLEEP LAB	169,309	3,312	4,048	1,387	2,333
91.00	09100	EMERGENCY	1,783,807	502,147	613,839	34,332	353,742
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	157,928	107,463	131,366	0	75,703
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,460,930	5,518,522	6,703,120	257,148	3,739,371
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,281	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,057	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	88,597	0	0	0	0
192.03	19203	BACK AND NECK	77,294	0	0	0	0
192.04	19204	TIPTON SERVICES	19,277	4,663	5,701	0	3,285
192.05	19205	NORTH SERVICES	103,768	25,097	30,680	0	17,680
192.06	19206	SAXONY SERVICES	23,634	5,722	6,995	0	4,031
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	29,924,838	5,554,004	6,746,496	257,148	3,764,367

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						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	00590 ADMINISTRATIVE AND GENERAL						5.04
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	1,853,773					10.00
11.00	01100 CAFETERIA	0	3,582,059				11.00
13.00	01300 NURSING ADMINISTRATION	0	164,218	7,438,593			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	46,191	0	7,303,642		14.00
15.00	01500 PHARMACY	0	158,502	52,540	32,723	5,823,805	15.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080 TRANSPORTATION	0	36,407	406	3	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,399,696	870,372	3,387,874	457,103	58,980	30.00
31.00	03100 INTENSIVE CARE UNIT	317,135	295,583	954,114	250,678	33,955	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	54,372	53,813	252,950	14,436	1,295	35.00
43.00	04300 NURSERY	82,570	27,859	48,748	14,941	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	233,737	438,194	723,938	56,180	50.00
51.00	05100 RECOVERY ROOM	0	171,170	502,921	67,884	6,404	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	155,052	274,616	84,211	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	317,005	110,361	237,561	22,079	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	47,530	26,676	5,340	4	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	64,060	114,288	0	19,287	59.00
60.00	06000 LABORATORY	0	122,610	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	185,012	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	113,753	0	148,517	10,925	65.00
66.00	06600 PHYSICAL THERAPY	0	112,157	0	46,198	684	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	34,038	0	1,839	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	11,535	0	471	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	52,628	24,780	21,553	2,563	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,604,642	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,103,079	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	5,397,945	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,113	1,857	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	20,186	11,510	1,673	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	24,821	25,999	0	0	90.01
90.02	09002 SLEEP LAB	0	0	0	4,948	0	90.02
91.00	09100 EMERGENCY	0	384,618	1,144,368	284,950	208,191	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	28,683	68,248	7,813	3,456	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,853,773	3,546,528	7,438,593	7,303,626	5,823,805	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,616	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202 MARKETING	0	0	0	0	0	192.02
192.03	19203 BACK AND NECK	0	13,595	0	16	0	192.03
192.04	19204 TIPTON SERVICES	0	1,236	0	0	0	192.04
192.05	19205 NORTH SERVICES	0	6,591	0	0	0	192.05
192.06	19206 SAXONY SERVICES	0	1,493	0	0	0	192.06
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)	1,853,773	3,582,059	7,438,593	7,303,642	5,823,805	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					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 00590	ADMINISTRATIVE AND GENERAL					5.04
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
17.00 01700	SOCIAL SERVICE	0				17.00
18.00 01080	TRANSPORTATION	0	542,558			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	52,210	31,492,559	0	31,492,559
31.00 03100	INTENSIVE CARE UNIT	0	13,341	10,815,112	0	10,815,112
35.00 02080	NEONATAL INTENSIVE CARE UNIT	0	2,448	2,353,837	0	2,353,837
43.00 04300	NURSERY	0	1,694	1,154,992	0	1,154,992
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	73,416	12,365,846	0	12,365,846
51.00 05100	RECOVERY ROOM	0	13,996	6,219,574	0	6,219,574
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	10,813	6,042,683	0	6,042,683
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	58,241	14,933,095	0	14,933,095
55.00 05500	RADIOLOGY-THERAPEUTIC	0	27,435	3,526,550	0	3,526,550
59.00 05900	CARDIAC CATHETERIZATION	0	30,336	3,054,133	0	3,054,133
60.00 06000	LABORATORY	0	29,503	9,849,143	0	9,849,143
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,344	751,926	0	751,926
65.00 06500	RESPIRATORY THERAPY	0	8,807	3,597,992	0	3,597,992
66.00 06600	PHYSICAL THERAPY	0	5,029	3,454,714	0	3,454,714
67.00 06700	OCCUPATIONAL THERAPY	0	1,639	1,117,032	0	1,117,032
68.00 06800	SPEECH PATHOLOGY	0	728	462,561	0	462,561
69.00 06900	ELECTROCARDIOLOGY	0	19,019	1,678,048	0	1,678,048
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,706	6,494,613	0	6,494,613
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	40,003	12,723,888	0	12,723,888
73.00 07300	DRUGS CHARGED TO PATIENTS	0	38,143	11,667,737	0	11,667,737
74.00 07400	RENAL DIALYSIS	0	508	422,558	0	422,558
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	1,554	528,461	0	528,461
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	451	666,928	0	666,928
90.02 09002	SLEEP LAB	0	3,248	945,219	0	945,219
91.00 09100	EMERGENCY	0	91,457	13,373,201	0	13,373,201
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	2,489	1,288,921	0	1,288,921
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	542,558	160,981,323	0	160,981,323
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	473,544	0	473,544
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	366,730	0	366,730
192.01 19201	RETAIL PHARMACY	0	0	0	0	0
192.02 19202	MARKETING	0	0	484,532	0	484,532
192.03 19203	BACK AND NECK	0	0	436,329	0	436,329
192.04 19204	TIPTON SERVICES	0	0	120,312	0	120,312
192.05 19205	NORTH SERVICES	0	0	647,552	0	647,552
192.06 19206	SAXONY SERVICES	0	0	147,496	0	147,496
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	542,558	163,657,818	0	163,657,818

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	24,917	0	30,493	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	66,374	0	81,229	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	87,459	0	107,034	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	0	143,792	149,117	175,975	267,901	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	652,019	0	797,951	520,162	6.00
7.00	00700	OPERATION OF PLANT	0	20,570	0	25,174	143,627	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,791	0	24,220	0	8.00
9.00	00900	HOUSEKEEPING	0	83,007	14,319	101,585	0	9.00
10.00	01000	DIETARY	0	93,523	9,045	114,455	9,902	10.00
11.00	01100	CAFETERIA	0	222,611	0	272,435	23,569	11.00
13.00	01300	NURSING ADMINISTRATION	0	28,404	0	34,762	320,011	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	107,448	0	131,496	86,797	14.00
15.00	01500	PHARMACY	0	95,848	0	117,301	107,844	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	768,357	0	940,327	152,603	30.00
31.00	03100	INTENSIVE CARE UNIT	0	195,726	0	239,532	83,403	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	39,859	0	48,780	0	35.00
43.00	04300	NURSERY	0	36,741	0	44,964	16,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	412,220	0	504,481	1,290,279	50.00
51.00	05100	RECOVERY ROOM	0	131,638	0	161,100	4,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	207,312	0	253,712	92,557	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	217,881	0	266,647	2,280,675	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	132,140	0	161,715	659,920	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,036	0	14,729	566,211	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	35,089	0	42,943	57,108	65.00
66.00	06600	PHYSICAL THERAPY	0	2,193	58,452	2,684	10,048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,193	58,452	2,684	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,193	58,452	2,684	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	120,249	69.00
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
74.00	07400	RENAL DIALYSIS	0	9,948	0	12,175	1,393	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	35,634	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	53,592	0	0	90.01
90.02	09002	SLEEP LAB	0	1,942	143,058	2,377	0	90.02
91.00	09100	EMERGENCY	0	294,467	0	360,374	159,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	63,018	0	77,122	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,210,716	580,121	5,153,140	6,975,125	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	96,701	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	299,673	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	14,253	0	0	192.02
192.03	19203	BACK AND NECK	0	0	176,774	0	10,027	192.03
192.04	19204	TIPTON SERVICES	0	2,735	0	3,347	0	192.04
192.05	19205	NORTH SERVICES	0	14,717	0	18,011	0	192.05
192.06	19206	SAXONY SERVICES	0	3,356	0	4,107	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,231,524	1,167,522	5,178,605	6,985,152	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/9/2021 9:58 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	MOB				1.01
1.02	00102	INTEREST				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	55,410	55,410		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	5.01
5.02	00550	DATA PROCESSING	147,603	0	147,603	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	194,493	0	0	194,493
5.04	00590	ADMINISTRATIVE AND GENERAL	736,785	6,468	10,554	689
6.00	00600	MAINTENANCE & REPAIRS	1,970,132	695	2,347	1
7.00	00700	OPERATION OF PLANT	189,371	813	2,726	0
8.00	00800	LAUNDRY & LINEN SERVICE	44,011	0	0	74
9.00	00900	HOUSEKEEPING	198,911	1,082	6,053	1,008
10.00	01000	DIETARY	226,925	333	1,707	7
11.00	01100	CAFETERIA	518,615	802	4,061	17
13.00	01300	NURSING ADMINISTRATION	383,177	2,821	5,508	0
14.00	01400	CENTRAL SERVICES & SUPPLY	325,741	386	1,549	497
15.00	01500	PHARMACY	320,993	2,448	5,317	861
17.00	01700	SOCIAL SERVICE	0	0	0	0
18.00	01080	TRANSPORTATION	0	202	1,221	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,861,287	9,828	29,196	12,029
31.00	03100	INTENSIVE CARE UNIT	518,661	3,960	9,915	6,597
35.00	02080	NEONATAL INTENSIVE CARE UNIT	88,639	935	1,805	380
43.00	04300	NURSERY	98,098	364	934	393
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,206,980	2,894	7,840	19,052
51.00	05100	RECOVERY ROOM	297,396	2,411	5,742	1,786
52.00	05200	DELIVERY ROOM & LABOR ROOM	553,581	2,053	5,201	2,216
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,765,203	4,471	10,634	6,252
55.00	05500	RADIOLOGY-THERAPEUTIC	953,775	764	1,594	141
59.00	05900	CARDIAC CATHETERIZATION	592,976	1,112	2,149	0
60.00	06000	LABORATORY	0	0	4,113	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,869
65.00	06500	RESPIRATORY THERAPY	135,140	1,611	3,816	3,908
66.00	06600	PHYSICAL THERAPY	73,377	1,739	3,762	1,216
67.00	06700	OCCUPATIONAL THERAPY	63,329	557	1,142	48
68.00	06800	SPEECH PATHOLOGY	63,329	203	387	12
69.00	06900	ELECTROCARDIOLOGY	120,249	786	1,765	567
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,229
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	81,657
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	23,516	0	0	108
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	35,634	205	677	44
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	53,592	0	833	0
90.02	09002	SLEEP LAB	147,377	0	0	130
91.00	09100	EMERGENCY	814,656	4,507	12,902	7,499
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	140,140	361	962	206
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,919,102	54,811	146,412	194,493
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,701	93	423	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	299,673	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0
192.02	19202	MARKETING	14,253	0	0	0
192.03	19203	BACK AND NECK	186,801	97	456	0
192.04	19204	TIPTON SERVICES	6,082	54	41	0
192.05	19205	NORTH SERVICES	32,728	289	221	0
192.06	19206	SAXONY SERVICES	7,463	66	50	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	17,562,803	55,410	147,603	194,493

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/9/2021 9:58 am				
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.04	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	MOB				1.01		
1.02	00102	INTEREST				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	00590	ADMINISTRATIVE AND GENERAL	754,496			5.04		
6.00	00600	MAINTENANCE & REPAIRS	25,606	1,998,781		6.00		
7.00	00700	OPERATION OF PLANT	30,942	12,624	236,476	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	840	12,145	1,446	58,516	8.00	
9.00	00900	HOUSEKEEPING	15,905	50,941	6,065	0	279,965	9.00
10.00	01000	DIETARY	6,395	57,395	6,834	0	8,356	10.00
11.00	01100	CAFETERIA	11,392	136,615	16,266	0	19,889	11.00
13.00	01300	NURSING ADMINISTRATION	32,884	17,432	2,075	0	2,538	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,987	65,940	7,851	0	9,600	14.00
15.00	01500	PHARMACY	23,520	58,822	7,003	0	8,563	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	2,332	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,078	471,537	56,144	34,701	68,645	30.00
31.00	03100	INTENSIVE CARE UNIT	36,760	120,116	14,301	0	17,487	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	8,185	24,461	2,912	58	3,561	35.00
43.00	04300	NURSERY	3,669	22,548	2,685	0	3,283	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,411	252,977	30,120	4,020	36,829	50.00
51.00	05100	RECOVERY ROOM	22,131	80,785	9,618	0	11,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,669	127,226	15,148	0	18,522	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,177	133,713	15,920	10,880	19,466	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,710	81,093	9,655	728	11,806	55.00
59.00	05900	CARDIAC CATHETERIZATION	12,753	7,386	879	0	1,075	59.00
60.00	06000	LABORATORY	44,707	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,607	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,480	21,534	2,564	0	3,135	65.00
66.00	06600	PHYSICAL THERAPY	15,121	1,346	160	0	196	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,926	1,346	160	0	196	67.00
68.00	06800	SPEECH PATHOLOGY	2,023	1,346	160	0	196	68.00
69.00	06900	ELECTROCARDIOLOGY	7,181	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,477	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,171	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,730	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,689	6,105	727	0	889	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,275	0	0	1	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	2,838	0	0	0	0	90.01
90.02	09002	SLEEP LAB	4,269	1,192	142	316	174	90.02
91.00	09100	EMERGENCY	44,977	180,713	21,516	7,812	26,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,982	38,674	4,605	0	5,630	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	742,799	1,986,012	234,956	58,516	278,106	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,125	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,691	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	2,234	0	0	0	0	192.02
192.03	19203	BACK AND NECK	1,949	0	0	0	0	192.03
192.04	19204	TIPTON SERVICES	486	1,678	200	0	244	192.04
192.05	19205	NORTH SERVICES	2,616	9,032	1,075	0	1,315	192.05
192.06	19206	SAXONY SERVICES	596	2,059	245	0	300	192.06
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)	754,496	1,998,781	236,476	58,516	279,965	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04	
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	307,952				10.00	
11.00	01100	CAFETERIA	0	707,657			11.00	
13.00	01300	NURSING ADMINISTRATION	0	32,442	478,877		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,125	0	451,676	14.00	
15.00	01500	PHARMACY	0	31,313	3,382	2,024	15.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01080	TRANSPORTATION	0	7,192	26	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	232,520	171,950	218,103	28,269	4,702	30.00
31.00	03100	INTENSIVE CARE UNIT	52,683	58,394	61,423	15,503	2,707	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	9,032	10,631	16,284	893	103	35.00
43.00	04300	NURSERY	13,717	5,504	3,138	924	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	46,176	28,210	44,771	4,478	50.00
51.00	05100	RECOVERY ROOM	0	33,816	32,377	4,198	510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,631	17,679	5,208	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,626	7,105	14,692	1,760	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,390	1,717	330	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,655	7,358	0	1,537	59.00
60.00	06000	LABORATORY	0	24,222	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	11,442	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,473	0	9,185	871	65.00
66.00	06600	PHYSICAL THERAPY	0	22,157	0	2,857	55	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,724	0	114	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,279	0	29	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,397	1,595	1,333	204	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99,237	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	191,898	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	430,299	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	254	148	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,988	741	103	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	4,903	1,674	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	306	0	90.02
91.00	09100	EMERGENCY	0	75,984	73,671	17,622	16,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,666	4,394	483	276	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,952	700,638	478,877	451,675	464,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,492	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	2,686	0	1	0	192.03
192.04	19204	TIPTON SERVICES	0	244	0	0	0	192.04
192.05	19205	NORTH SERVICES	0	1,302	0	0	0	192.05
192.06	19206	SAXONY SERVICES	0	295	0	0	0	192.06
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)	307,952	707,657	478,877	451,676	464,246	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					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 00590	ADMINISTRATIVE AND GENERAL					5.04
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
17.00 01700	SOCIAL SERVICE	0				17.00
18.00 01080	TRANSPORTATION	0	10,973			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,042	3,298,031	0	3,298,031
31.00 03100	INTENSIVE CARE UNIT	0	266	918,773	0	918,773
35.00 02080	NEONATAL INTENSIVE CARE UNIT	0	49	167,928	0	167,928
43.00 04300	NURSERY	0	34	155,291	0	155,291
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,466	2,726,224	0	2,726,224
51.00 05100	RECOVERY ROOM	0	279	502,810	0	502,810
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	216	798,350	0	798,350
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,163	3,114,062	0	3,114,062
55.00 05500	RADIOLOGY-THERAPEUTIC	0	548	1,084,251	0	1,084,251
59.00 05900	CARDIAC CATHETERIZATION	0	606	640,486	0	640,486
60.00 06000	LABORATORY	0	589	73,631	0	73,631
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	27	18,945	0	18,945
65.00 06500	RESPIRATORY THERAPY	0	176	218,893	0	218,893
66.00 06600	PHYSICAL THERAPY	0	100	122,086	0	122,086
67.00 06700	OCCUPATIONAL THERAPY	0	33	78,575	0	78,575
68.00 06800	SPEECH PATHOLOGY	0	15	69,979	0	69,979
69.00 06900	ELECTROCARDIOLOGY	0	380	144,457	0	144,457
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	294	164,237	0	164,237
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	799	318,525	0	318,525
73.00 07300	DRUGS CHARGED TO PATIENTS	0	762	459,791	0	459,791
74.00 07400	RENAL DIALYSIS	0	10	33,446	0	33,446
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	31	43,699	0	43,699
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	9	63,849	0	63,849
90.02 09002	SLEEP LAB	0	65	153,971	0	153,971
91.00 09100	EMERGENCY	0	1,964	1,306,728	0	1,306,728
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	50	205,429	0	205,429
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	10,973	16,882,447	0	16,882,447
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	101,834	0	101,834
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	301,364	0	301,364
192.01 19201	RETAIL PHARMACY	0	0	0	0	0
192.02 19202	MARKETING	0	0	16,487	0	16,487
192.03 19203	BACK AND NECK	0	0	191,990	0	191,990
192.04 19204	TIPTON SERVICES	0	0	9,029	0	9,029
192.05 19205	NORTH SERVICES	0	0	48,578	0	48,578
192.06 19206	SAXONY SERVICES	0	0	11,074	0	11,074
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	10,973	17,562,803	0	17,562,803

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	336,857				1.00
1.01	00101	MOB	16,562	53,570			1.01
1.02	00102	INTEREST	0	0	320,295		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				5,285,571	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,886	0	1,886	0	56,867,523
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0
5.02	00550	DATA PROCESSING	5,024	0	5,024	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	6,620	0	6,620	0	0
5.04	00590	ADMINISTRATIVE AND GENERAL	10,884	6,842	10,884	202,717	6,640,311
6.00	00600	MAINTENANCE & REPAIRS	49,353	0	49,353	393,600	713,311
7.00	00700	OPERATION OF PLANT	1,557	0	1,557	108,681	834,774
8.00	00800	LAUNDRY & LINEN SERVICE	1,498	0	1,498	0	0
9.00	00900	HOUSEKEEPING	6,283	657	6,283	0	1,110,639
10.00	01000	DIETARY	7,079	415	7,079	7,493	342,337
11.00	01100	CAFETERIA	16,850	0	16,850	17,834	823,651
13.00	01300	NURSING ADMINISTRATION	2,150	0	2,150	242,148	2,895,938
14.00	01400	CENTRAL SERVICES & SUPPLY	8,133	0	8,133	65,678	395,978
15.00	01500	PHARMACY	7,255	0	7,255	81,604	2,512,905
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	0	0	0	0	207,580
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,159	0	58,159	115,473	10,069,115
31.00	03100	INTENSIVE CARE UNIT	14,815	0	14,815	63,110	4,065,447
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,017	0	3,017	0	960,448
43.00	04300	NURSERY	2,781	0	2,781	12,404	373,865
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,202	0	31,202	976,337	2,971,011
51.00	05100	RECOVERY ROOM	9,964	0	9,964	3,525	2,475,106
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,692	0	15,692	70,037	2,108,072
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,492	0	16,492	1,725,755	4,590,199
55.00	05500	RADIOLOGY-THERAPEUTIC	10,002	0	10,002	499,353	784,071
59.00	05900	CARDIAC CATHETERIZATION	911	0	911	428,444	1,141,554
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,656	0	2,656	43,213	1,654,418
66.00	06600	PHYSICAL THERAPY	166	2,682	166	7,603	1,785,598
67.00	06700	OCCUPATIONAL THERAPY	166	2,682	166	0	572,303
68.00	06800	SPEECH PATHOLOGY	166	2,682	166	0	207,957
69.00	06900	ELECTROCARDIOLOGY	0	0	0	90,991	807,242
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
74.00	07400	RENAL DIALYSIS	753	0	753	1,054	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,635	0	0	210,968
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	2,459	0	0	0
90.02	09002	SLEEP LAB	147	6,564	147	0	0
91.00	09100	EMERGENCY	22,289	0	22,289	120,930	4,626,925
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,770	0	4,770	0	371,028
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	335,282	26,618	318,720	5,277,984	56,252,751
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,437	0	0	95,063
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,750	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	654	0	0	0
192.03	19203	BACK AND NECK	0	8,111	0	7,587	99,928
192.04	19204	TIPTON SERVICES	207	0	207	0	55,155
192.05	19205	NORTH SERVICES	1,114	0	1,114	0	296,981
192.06	19206	SAXONY SERVICES	254	0	254	0	67,645
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	4,450,330	1,167,522	5,178,605	6,985,152	12,854,040

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	13.211333	21.794325	16.168236	1.321551	0.226035	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					55,410	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000974	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
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	85,451					5.01
5.02	00550	0	85,451				5.02
5.03	00560	0	0	17,450,167			5.03
5.04	00590	6,110	6,110	61,837	-29,924,838	133,732,980	5.04
6.00	00600	1,359	1,359	108	0	4,538,453	6.00
7.00	00700	1,578	1,578	0	0	5,484,234	7.00
8.00	00800	0	0	6,637	0	148,840	8.00
9.00	00900	3,504	3,504	90,432	0	2,818,990	9.00
10.00	01000	988	988	642	0	1,133,375	10.00
11.00	01100	2,351	2,351	1,528	0	2,019,158	11.00
13.00	01300	3,189	3,189	0	0	5,828,406	13.00
14.00	01400	897	897	44,598	0	5,492,197	14.00
15.00	01500	3,078	3,078	77,262	0	4,168,810	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	707	707	7	0	413,267	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,902	16,902	1,079,252	0	17,388,060	30.00
31.00	03100	5,740	5,740	591,868	0	6,515,470	31.00
35.00	02080	1,045	1,045	34,084	0	1,450,709	35.00
43.00	04300	541	541	35,277	0	650,289	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,539	4,539	1,709,268	0	7,162,536	50.00
51.00	05100	3,324	3,324	160,278	0	3,922,464	51.00
52.00	05200	3,011	3,011	198,828	0	3,663,501	52.00
54.00	05400	6,156	6,156	560,899	0	10,665,895	54.00
55.00	05500	923	923	12,607	0	2,252,749	55.00
59.00	05900	1,244	1,244	0	0	2,260,310	59.00
60.00	06000	2,381	2,381	0	0	7,923,925	60.00
63.00	06300	0	0	436,827	0	462,155	63.00
65.00	06500	2,209	2,209	350,658	0	2,566,548	65.00
66.00	06600	2,178	2,178	109,076	0	2,680,005	66.00
67.00	06700	661	661	4,343	0	873,181	67.00
68.00	06800	224	224	1,111	0	358,631	68.00
69.00	06900	1,022	1,022	50,888	0	1,272,715	69.00
71.00	07100	0	0	3,788,671	0	3,983,821	71.00
72.00	07200	0	0	7,326,566	0	7,828,953	72.00
73.00	07300	0	0	0	0	5,092,190	73.00
74.00	07400	0	0	9,711	0	299,426	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	392	392	3,950	0	403,291	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	482	482	0	0	503,084	90.01
90.02	09002	0	0	11,682	0	756,634	90.02
91.00	09100	7,469	7,469	672,786	0	7,971,750	91.00
92.00	09200						92.00
92.01	09201	557	557	18,448	0	705,772	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		84,761	84,761	17,450,129	-29,924,838	131,659,794	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	245	245	0	0	376,647	190.00
192.00	19200	0	0	0	0	299,673	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	395,935	192.02
192.03	19203	264	264	38	0	345,424	192.03
192.04	19204	24	24	0	0	86,150	192.04
192.05	19205	128	128	0	0	463,736	192.05
192.06	19206	29	29	0	0	105,621	192.06
200.00							200.00
201.00							201.00
202.00		14,534	8,386,120	898,844		29,924,838	202.00
203.00		0.170086	98.139519	0.051509		0.223766	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	147,603	194,493		754,496	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.727341	0.011146		0.005642	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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	00590						5.04
6.00	00600	246,528					6.00
7.00	00700	1,557	244,971				7.00
8.00	00800	1,498	1,498	662,852			8.00
9.00	00900	6,283	6,283	0	237,190		9.00
10.00	01000	7,079	7,079	0	7,079	33,003	10.00
11.00	01100	16,850	16,850	0	16,850	0	11.00
13.00	01300	2,150	2,150	0	2,150	0	13.00
14.00	01400	8,133	8,133	0	8,133	0	14.00
15.00	01500	7,255	7,255	0	7,255	0	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	58,159	58,159	393,081	58,159	24,919	30.00
31.00	03100	14,815	14,815	0	14,815	5,646	31.00
35.00	02080	3,017	3,017	657	3,017	968	35.00
43.00	04300	2,781	2,781	0	2,781	1,470	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,202	31,202	45,541	31,202	0	50.00
51.00	05100	9,964	9,964	0	9,964	0	51.00
52.00	05200	15,692	15,692	0	15,692	0	52.00
54.00	05400	16,492	16,492	123,247	16,492	0	54.00
55.00	05500	10,002	10,002	8,245	10,002	0	55.00
59.00	05900	911	911	0	911	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,656	2,656	0	2,656	0	65.00
66.00	06600	166	166	0	166	0	66.00
67.00	06700	166	166	0	166	0	67.00
68.00	06800	166	166	0	166	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	753	753	0	753	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	10	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	147	147	3,574	147	0	90.02
91.00	09100	22,289	22,289	88,497	22,289	0	91.00
92.00	09200						92.00
92.01	09201	4,770	4,770	0	4,770	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		244,953	243,396	662,852	235,615	33,003	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	207	207	0	207	0	192.04
192.05	19205	1,114	1,114	0	1,114	0	192.05
192.06	19206	254	254	0	254	0	192.06
200.00							200.00
201.00							201.00
202.00		5,554,004	6,746,496	257,148	3,764,367	1,853,773	202.00
203.00		22.528897	27.539978	0.387942	15.870682	56.169833	203.00
204.00		1,998,781	236,476	58,516	279,965	307,952	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158			Period: From 01/01/2020 To 12/31/2020		Worksheet B-1 Date/Time Prepared: 7/9/2021 9:58 am	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)		
		6.00	7.00	8.00	9.00	10.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	8.107724	0.965322	0.088279	1.180341	9.331031	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
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	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	69,561					11.00
13.00	01300	3,189	54,933				13.00
14.00	01400	897	0	17,244,385			14.00
15.00	01500	3,078	388	77,262	5,449,438		15.00
17.00	01700	0	0	0	0	33,003	17.00
18.00	01080	707	3	7	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,902	25,019	1,079,252	55,189	24,919	30.00
31.00	03100	5,740	7,046	591,868	31,772	5,646	31.00
35.00	02080	1,045	1,868	34,084	1,212	968	35.00
43.00	04300	541	360	35,277	0	1,470	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,539	3,236	1,709,268	52,569	0	50.00
51.00	05100	3,324	3,714	160,278	5,992	0	51.00
52.00	05200	3,011	2,028	198,828	0	0	52.00
54.00	05400	6,156	815	560,899	20,660	0	54.00
55.00	05500	923	197	12,607	4	0	55.00
59.00	05900	1,244	844	0	18,047	0	59.00
60.00	06000	2,381	0	0	0	0	60.00
63.00	06300	0	0	436,827	0	0	63.00
65.00	06500	2,209	0	350,658	10,223	0	65.00
66.00	06600	2,178	0	109,076	640	0	66.00
67.00	06700	661	0	4,343	0	0	67.00
68.00	06800	224	0	1,111	0	0	68.00
69.00	06900	1,022	183	50,888	2,398	0	69.00
71.00	07100	0	0	3,788,671	0	0	71.00
72.00	07200	0	0	7,326,566	0	0	72.00
73.00	07300	0	0	0	5,050,952	0	73.00
74.00	07400	0	0	9,711	1,738	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	392	85	3,950	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	482	192	0	0	0	90.01
90.02	09002	0	0	11,682	0	0	90.02
91.00	09100	7,469	8,451	672,786	194,808	0	91.00
92.00	09200						92.00
92.01	09201	557	504	18,448	3,234	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		68,871	54,933	17,244,347	5,449,438	33,003	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	245	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	264	0	38	0	0	192.03
192.04	19204	24	0	0	0	0	192.04
192.05	19205	128	0	0	0	0	192.05
192.06	19206	29	0	0	0	0	192.06
200.00							200.00
201.00							201.00
202.00		3,582,059	7,438,593	7,303,642	5,823,805	0	202.00
203.00		51.495220	135.412102	0.423537	1.068698	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	707,657	478,877	451,676	464,246	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.173186	8.717474	0.026193	0.085192	0.000000	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: 15-0158

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

Worksheet B-1
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION (GROSS CHARGES)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		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	00590 ADMINISTRATIVE AND GENERAL		5.04
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
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 TRANSPORTATION	902,280,251	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	86,871,945	30.00
31.00	03100 INTENSIVE CARE UNIT	22,198,676	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	4,073,717	35.00
43.00	04300 NURSERY	2,819,211	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	122,156,670	50.00
51.00	05100 RECOVERY ROOM	23,287,387	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	17,991,935	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	96,907,356	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	45,649,569	55.00
59.00	05900 CARDIAC CATHETERIZATION	50,475,563	59.00
60.00	06000 LABORATORY	49,089,521	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	2,235,833	63.00
65.00	06500 RESPIRATORY THERAPY	14,654,715	65.00
66.00	06600 PHYSICAL THERAPY	8,368,306	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,726,635	67.00
68.00	06800 SPEECH PATHOLOGY	1,211,190	68.00
69.00	06900 ELECTROCARDIOLOGY	31,645,152	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,469,226	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	66,561,159	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	63,465,563	73.00
74.00	07400 RENAL DIALYSIS	845,506	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,585,363	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 BEHAVIORAL HEALTH	751,240	90.01
90.02	09002 SLEEP LAB	5,404,415	90.02
91.00	09100 EMERGENCY	151,692,812	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	4,141,586	92.01
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	902,280,251	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
192.04	19204 TIPTON SERVICES	0	192.04
192.05	19205 NORTH SERVICES	0	192.05
192.06	19206 SAXONY SERVICES	0	192.06
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)	542,558	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000601	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		OTHER GENERAL SERVICE		
		TRANSPORTATION (GROSS CHARGES)		
		18.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	10,973		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000012		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: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
7/9/2021 9:58 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		31,492,559	0	31,492,559	30.00
31.00	03100	INTENSIVE CARE UNIT		10,815,112	0	10,815,112	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		2,353,837	0	2,353,837	35.00
43.00	04300	NURSERY		1,154,992	0	1,154,992	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		12,365,846	0	12,365,846	50.00
51.00	05100	RECOVERY ROOM		6,219,574	0	6,219,574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,042,683	0	6,042,683	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		14,933,095	0	14,933,095	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		3,526,550	0	3,526,550	55.00
59.00	05900	CARDIAC CATHETERIZATION		3,054,133	0	3,054,133	59.00
60.00	06000	LABORATORY		9,849,143	0	9,849,143	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		751,926	0	751,926	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,597,992	0	3,597,992	65.00
66.00	06600	PHYSICAL THERAPY	0	3,454,714	0	3,454,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,117,032	0	1,117,032	67.00
68.00	06800	SPEECH PATHOLOGY	0	462,561	0	462,561	68.00
69.00	06900	ELECTROCARDIOLOGY		1,678,048	0	1,678,048	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,494,613	0	6,494,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		12,723,888	0	12,723,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		11,667,737	0	11,667,737	73.00
74.00	07400	RENAL DIALYSIS		422,558	0	422,558	74.00
76.00	03950	OTHER ANCILLARY SERVICES		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		528,461	0	528,461	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH		666,928	0	666,928	90.01
90.02	09002	SLEEP LAB		945,219	0	945,219	90.02
91.00	09100	EMERGENCY		13,373,201	0	13,373,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,054,368	0	2,054,368	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		1,288,921	0	1,288,921	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		163,035,691	0	163,035,691	200.00
201.00		Less Observation Beds		2,054,368		2,054,368	201.00
202.00		Total (see instructions)		160,981,323	0	160,981,323	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
7/9/2021 9:58 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	77,653,355		77,653,355		30.00
31.00	03100	INTENSIVE CARE UNIT	22,198,676		22,198,676		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	4,073,717		4,073,717		35.00
43.00	04300	NURSERY	2,819,211		2,819,211		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,390,920	81,765,750	122,156,670	0.101229	50.00
51.00	05100	RECOVERY ROOM	4,958,816	18,328,571	23,287,387	0.267079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,399,468	4,592,467	17,991,935	0.335855	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,619,432	76,287,924	96,907,356	0.154097	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	402,413	45,247,156	45,649,569	0.077253	55.00
59.00	05900	CARDIAC CATHETERIZATION	22,594,394	27,881,169	50,475,563	0.060507	59.00
60.00	06000	LABORATORY	24,450,536	24,638,985	49,089,521	0.200636	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,449,501	786,332	2,235,833	0.336307	63.00
65.00	06500	RESPIRATORY THERAPY	9,649,118	5,005,597	14,654,715	0.245518	65.00
66.00	06600	PHYSICAL THERAPY	3,607,877	4,760,429	8,368,306	0.412833	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,990,195	736,440	2,726,635	0.409674	67.00
68.00	06800	SPEECH PATHOLOGY	887,951	323,239	1,211,190	0.381906	68.00
69.00	06900	ELECTROCARDIOLOGY	14,835,414	16,809,738	31,645,152	0.053027	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,644,716	15,824,510	24,469,226	0.265420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,117,331	29,443,828	66,561,159	0.191161	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,861,961	21,603,602	63,465,563	0.183844	73.00
74.00	07400	RENAL DIALYSIS	780,610	64,896	845,506	0.499769	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	91,648	2,493,715	2,585,363	0.204405	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	751,240	751,240	0.887770	90.01
90.02	09002	SLEEP LAB	6,669	5,397,746	5,404,415	0.174898	90.02
91.00	09100	EMERGENCY	35,259,179	116,433,633	151,692,812	0.088160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	148,907	9,069,683	9,218,590	0.222851	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	87,256	4,054,330	4,141,586	0.311214	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	389,979,271	512,300,980	902,280,251		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	389,979,271	512,300,980	902,280,251		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/9/2021 9:58 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
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.101229		50.00
51.00	05100 RECOVERY ROOM	0.267079		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335855		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154097		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.077253		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.060507		59.00
60.00	06000 LABORATORY	0.200636		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.336307		63.00
65.00	06500 RESPIRATORY THERAPY	0.245518		65.00
66.00	06600 PHYSICAL THERAPY	0.412833		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409674		67.00
68.00	06800 SPEECH PATHOLOGY	0.381906		68.00
69.00	06900 ELECTROCARDIOLOGY	0.053027		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265420		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.191161		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183844		73.00
74.00	07400 RENAL DIALYSIS	0.499769		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.204405		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.887770		90.01
90.02	09002 SLEEP LAB	0.174898		90.02
91.00	09100 EMERGENCY	0.088160		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.222851		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.311214		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
7/9/2021 9:58 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,492,559		31,492,559	0	31,492,559	30.00
31.00	03100	INTENSIVE CARE UNIT	10,815,112		10,815,112	0	10,815,112	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	2,353,837		2,353,837	0	2,353,837	35.00
43.00	04300	NURSERY	1,154,992		1,154,992	0	1,154,992	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,365,846		12,365,846	0	12,365,846	50.00
51.00	05100	RECOVERY ROOM	6,219,574		6,219,574	0	6,219,574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,042,683		6,042,683	0	6,042,683	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,933,095		14,933,095	0	14,933,095	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,526,550		3,526,550	0	3,526,550	55.00
59.00	05900	CARDIAC CATHETERIZATION	3,054,133		3,054,133	0	3,054,133	59.00
60.00	06000	LABORATORY	9,849,143		9,849,143	0	9,849,143	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	751,926		751,926	0	751,926	63.00
65.00	06500	RESPIRATORY THERAPY	3,597,992	0	3,597,992	0	3,597,992	65.00
66.00	06600	PHYSICAL THERAPY	3,454,714	0	3,454,714	0	3,454,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,117,032	0	1,117,032	0	1,117,032	67.00
68.00	06800	SPEECH PATHOLOGY	462,561	0	462,561	0	462,561	68.00
69.00	06900	ELECTROCARDIOLOGY	1,678,048		1,678,048	0	1,678,048	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,494,613		6,494,613	0	6,494,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,723,888		12,723,888	0	12,723,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,667,737		11,667,737	0	11,667,737	73.00
74.00	07400	RENAL DIALYSIS	422,558		422,558	0	422,558	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	528,461		528,461	0	528,461	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	666,928		666,928	0	666,928	90.01
90.02	09002	SLEEP LAB	945,219		945,219	0	945,219	90.02
91.00	09100	EMERGENCY	13,373,201		13,373,201	0	13,373,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,054,368		2,054,368	0	2,054,368	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,288,921		1,288,921	0	1,288,921	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	163,035,691	0	163,035,691	0	163,035,691	200.00
201.00		Less Observation Beds	2,054,368		2,054,368		2,054,368	201.00
202.00		Total (see instructions)	160,981,323	0	160,981,323	0	160,981,323	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
7/9/2021 9:58 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	77,653,355		77,653,355		30.00
31.00	03100	INTENSIVE CARE UNIT	22,198,676		22,198,676		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	4,073,717		4,073,717		35.00
43.00	04300	NURSERY	2,819,211		2,819,211		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,390,920	81,765,750	122,156,670	0.101229	50.00
51.00	05100	RECOVERY ROOM	4,958,816	18,328,571	23,287,387	0.267079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,399,468	4,592,467	17,991,935	0.335855	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,619,432	76,287,924	96,907,356	0.154097	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	402,413	45,247,156	45,649,569	0.077253	55.00
59.00	05900	CARDIAC CATHETERIZATION	22,594,394	27,881,169	50,475,563	0.060507	59.00
60.00	06000	LABORATORY	24,450,536	24,638,985	49,089,521	0.200636	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,449,501	786,332	2,235,833	0.336307	63.00
65.00	06500	RESPIRATORY THERAPY	9,649,118	5,005,597	14,654,715	0.245518	65.00
66.00	06600	PHYSICAL THERAPY	3,607,877	4,760,429	8,368,306	0.412833	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,990,195	736,440	2,726,635	0.409674	67.00
68.00	06800	SPEECH PATHOLOGY	887,951	323,239	1,211,190	0.381906	68.00
69.00	06900	ELECTROCARDIOLOGY	14,835,414	16,809,738	31,645,152	0.053027	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,644,716	15,824,510	24,469,226	0.265420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,117,331	29,443,828	66,561,159	0.191161	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,861,961	21,603,602	63,465,563	0.183844	73.00
74.00	07400	RENAL DIALYSIS	780,610	64,896	845,506	0.499769	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	91,648	2,493,715	2,585,363	0.204405	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	751,240	751,240	0.887770	90.01
90.02	09002	SLEEP LAB	6,669	5,397,746	5,404,415	0.174898	90.02
91.00	09100	EMERGENCY	35,259,179	116,433,633	151,692,812	0.088160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	148,907	9,069,683	9,218,590	0.222851	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	87,256	4,054,330	4,141,586	0.311214	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	389,979,271	512,300,980	902,280,251		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	389,979,271	512,300,980	902,280,251		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/9/2021 9:58 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
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.101229		50.00
51.00	05100 RECOVERY ROOM	0.267079		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335855		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154097		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.077253		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.060507		59.00
60.00	06000 LABORATORY	0.200636		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.336307		63.00
65.00	06500 RESPIRATORY THERAPY	0.245518		65.00
66.00	06600 PHYSICAL THERAPY	0.412833		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409674		67.00
68.00	06800 SPEECH PATHOLOGY	0.381906		68.00
69.00	06900 ELECTROCARDIOLOGY	0.053027		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265420		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.191161		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183844		73.00
74.00	07400 RENAL DIALYSIS	0.499769		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.204405		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.887770		90.01
90.02	09002 SLEEP LAB	0.174898		90.02
91.00	09100 EMERGENCY	0.088160		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.222851		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.311214		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
7/9/2021 9:58 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	12,365,846	2,726,224	9,639,622	0	0	50.00
51.00	05100 RECOVERY ROOM	6,219,574	502,810	5,716,764	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,042,683	798,350	5,244,333	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,933,095	3,114,062	11,819,033	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,526,550	1,084,251	2,442,299	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	3,054,133	640,486	2,413,647	0	0	59.00
60.00	06000 LABORATORY	9,849,143	73,631	9,775,512	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	751,926	18,945	732,981	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	3,597,992	218,893	3,379,099	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,454,714	122,086	3,332,628	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,117,032	78,575	1,038,457	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	462,561	69,979	392,582	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,678,048	144,457	1,533,591	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,494,613	164,237	6,330,376	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,723,888	318,525	12,405,363	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,667,737	459,791	11,207,946	0	0	73.00
74.00	07400 RENAL DIALYSIS	422,558	33,446	389,112	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	528,461	43,699	484,762	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	666,928	63,849	603,079	0	0	90.01
90.02	09002 SLEEP LAB	945,219	153,971	791,248	0	0	90.02
91.00	09100 EMERGENCY	13,373,201	1,306,728	12,066,473	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,054,368	215,142	1,839,226	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,288,921	205,429	1,083,492	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	117,219,191	12,557,566	104,661,625	0	0	200.00
201.00	Less Observation Beds	2,054,368	215,142	1,839,226	0	0	201.00
202.00	Total (line 200 minus line 201)	115,164,823	12,342,424	102,822,399	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 7/9/2021 9:58 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		
ANCI LLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	12,365,846	122,156,670	0.101229		50.00
51.00	05100 RECOVERY ROOM	6,219,574	23,287,387	0.267079		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,042,683	17,991,935	0.335855		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,933,095	96,907,356	0.154097		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,526,550	45,649,569	0.077253		55.00
59.00	05900 CARDIAC CATHETERIZATION	3,054,133	50,475,563	0.060507		59.00
60.00	06000 LABORATORY	9,849,143	49,089,521	0.200636		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	751,926	2,235,833	0.336307		63.00
65.00	06500 RESPIRATORY THERAPY	3,597,992	14,654,715	0.245518		65.00
66.00	06600 PHYSICAL THERAPY	3,454,714	8,368,306	0.412833		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,117,032	2,726,635	0.409674		67.00
68.00	06800 SPEECH PATHOLOGY	462,561	1,211,190	0.381906		68.00
69.00	06900 ELECTROCARDIOLOGY	1,678,048	31,645,152	0.053027		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,494,613	24,469,226	0.265420		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,723,888	66,561,159	0.191161		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,667,737	63,465,563	0.183844		73.00
74.00	07400 RENAL DIALYSIS	422,558	845,506	0.499769		74.00
76.00	03950 OTHER ANCI LLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	528,461	2,585,363	0.204405		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	666,928	751,240	0.887770		90.01
90.02	09002 SLEEP LAB	945,219	5,404,415	0.174898		90.02
91.00	09100 EMERGENCY	13,373,201	151,692,812	0.088160		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,054,368	9,218,590	0.222851		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,288,921	4,141,586	0.311214		92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	117,219,191	795,535,292			200.00
201.00	Less Observation Beds	2,054,368	0			201.00
202.00	Total (line 200 minus line 201)	115,164,823	795,535,292			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part I Date/Time Prepared: 7/9/2021 9:58 am	
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)	PPS
Title XVIII		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,298,031	0	3,298,031	26,658	123.72	30.00
31.00	INTENSIVE CARE UNIT	918,773		918,773	5,646	162.73	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	167,928		167,928	968	173.48	35.00
43.00	NURSERY	155,291		155,291	1,470	105.64	43.00
200.00	Total (lines 30 through 199)	4,540,023		4,540,023	34,742		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	9,482	1,173,113				
31.00	INTENSIVE CARE UNIT	1,800	292,914				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	11,282	1,466,027				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,726,224	122,156,670	0.022317	14,388,208	321,102	50.00
51.00	05100 RECOVERY ROOM	502,810	23,287,387	0.021592	1,591,483	34,363	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	798,350	17,991,935	0.044373	40,940	1,817	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,114,062	96,907,356	0.032134	7,773,896	249,806	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,084,251	45,649,569	0.023752	184,251	4,376	55.00
59.00	05900 CARDIAC CATHETERIZATION	640,486	50,475,563	0.012689	7,424,008	94,203	59.00
60.00	06000 LABORATORY	73,631	49,089,521	0.001500	8,439,626	12,659	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	18,945	2,235,833	0.008473	549,064	4,652	63.00
65.00	06500 RESPIRATORY THERAPY	218,893	14,654,715	0.014937	3,681,480	54,990	65.00
66.00	06600 PHYSICAL THERAPY	122,086	8,368,306	0.014589	1,525,077	22,249	66.00
67.00	06700 OCCUPATIONAL THERAPY	78,575	2,726,635	0.028818	872,526	25,144	67.00
68.00	06800 SPEECH PATHOLOGY	69,979	1,211,190	0.057777	399,424	23,078	68.00
69.00	06900 ELECTROCARDIOLOGY	144,457	31,645,152	0.004565	5,841,560	26,667	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	164,237	24,469,226	0.006712	2,586,623	17,361	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	318,525	66,561,159	0.004785	14,246,605	68,170	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	459,791	63,465,563	0.007245	14,402,145	104,344	73.00
74.00	07400 RENAL DIALYSIS	33,446	845,506	0.039557	292,737	11,580	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	43,699	2,585,363	0.016902	17,257	292	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	63,849	751,240	0.084991	0	0	90.01
90.02	09002 SLEEP LAB	153,971	5,404,415	0.028490	1,149	33	90.02
91.00	09100 EMERGENCY	1,306,728	151,692,812	0.008614	12,689,719	109,309	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	215,142	9,218,590	0.023338	59,170	1,381	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	205,429	4,141,586	0.049602	9,564	474	92.01
200.00	Total (lines 50 through 199)	12,557,566	795,535,292		97,016,512	1,188,050	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/9/2021 9:58 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	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	26,658	0.00	9,482	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,646	0.00	1,800	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	968	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,470	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	34,742		11,282	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description	Title XVIII						Total
	Hospital		PPS		Total		
	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
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
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 9:58 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	122,156,670	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	23,287,387	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	17,991,935	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	96,907,356	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	45,649,569	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	50,475,563	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	49,089,521	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,235,833	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,654,715	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,368,306	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,726,635	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,211,190	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,645,152	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,469,226	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	66,561,159	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	63,465,563	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	845,506	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,585,363	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	751,240	0.000000	90.01
90.02	09002	SLEEP LAB	0	0	0	5,404,415	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	151,692,812	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,218,590	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	4,141,586	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	795,535,292		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description		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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,388,208	0	13,543,458	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,591,483	0	2,614,064	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	40,940	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,773,896	0	14,881,879	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	184,251	0	12,199,836	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,424,008	0	5,794,304	0	59.00
60.00	06000 LABORATORY	0.000000	8,439,626	0	2,023,022	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	549,064	0	319,258	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,681,480	0	1,309,166	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,525,077	0	201,991	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	872,526	0	5,083	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	399,424	0	3,809	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,841,560	0	6,680,090	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,586,623	0	3,737,888	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	14,246,605	0	7,052,699	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	14,402,145	0	4,633,270	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	292,737	0	3,087	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	17,257	0	849,536	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	38,335	0	90.01
90.02	09002 SLEEP LAB	0.000000	1,149	0	1,119,229	0	90.02
91.00	09100 EMERGENCY	0.000000	12,689,719	0	14,488,628	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	59,170	0	2,524,550	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	9,564	0	670,363	0	92.01
200.00	Total (lines 50 through 199)		97,016,512	0	94,693,545	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/9/2021 9:58 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	0.101229	13,543,458	0	0	1,370,991	50.00
51.00	05100	RECOVERY ROOM	0.267079	2,614,064	0	0	698,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335855	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154097	14,881,879	0	0	2,293,253	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.077253	12,199,836	0	0	942,474	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.060507	5,794,304	0	0	350,596	59.00
60.00	06000	LABORATORY	0.200636	2,023,022	0	0	405,891	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.336307	319,258	0	0	107,369	63.00
65.00	06500	RESPIRATORY THERAPY	0.245518	1,309,166	0	0	321,424	65.00
66.00	06600	PHYSICAL THERAPY	0.412833	201,991	0	0	83,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409674	5,083	0	0	2,082	67.00
68.00	06800	SPEECH PATHOLOGY	0.381906	3,809	0	0	1,455	68.00
69.00	06900	ELECTROCARDIOLOGY	0.053027	6,680,090	0	0	354,225	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265420	3,737,888	0	0	992,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.191161	7,052,699	0	0	1,348,201	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183844	4,633,270	0	34,732	851,799	73.00
74.00	07400	RENAL DIALYSIS	0.499769	3,087	0	0	1,543	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.204405	849,536	0	0	173,649	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.887770	38,335	0	0	34,033	90.01
90.02	09002	SLEEP LAB	0.174898	1,119,229	0	0	195,751	90.02
91.00	09100	EMERGENCY	0.088160	14,488,628	0	0	1,277,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222851	2,524,550	0	0	562,598	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.311214	670,363	0	0	208,626	92.01
200.00		Subtotal (see instructions)		94,693,545	0	34,732	12,576,938	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		94,693,545	0	34,732	12,576,938	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/9/2021 9:58 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
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
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	6,385	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	90.01
90.02	09002	SLEEP LAB	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	6,385	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	6,385	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 7/9/2021 9:58 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	3,298,031	0	3,298,031	26,658	123.72	30.00
31.00	INTENSIVE CARE UNIT	918,773		918,773	5,646	162.73	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	167,928		167,928	968	173.48	35.00
43.00	NURSERY	155,291		155,291	1,470	105.64	43.00
200.00	Total (lines 30 through 199)	4,540,023		4,540,023	34,742		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	520	64,334				
31.00	INTENSIVE CARE UNIT	299	48,656				
35.00	NEONATAL INTENSIVE CARE UNIT	132	22,899				
43.00	NURSERY	663	70,039				
200.00	Total (lines 30 through 199)	1,614	205,928				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,726,224	122,156,670	0.022317	306,487	6,840	50.00
51.00	05100 RECOVERY ROOM	502,810	23,287,387	0.021592	40,016	864	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	798,350	17,991,935	0.044373	157,611	6,994	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,114,062	96,907,356	0.032134	282,805	9,088	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,084,251	45,649,569	0.023752	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	640,486	50,475,563	0.012689	199,968	2,537	59.00
60.00	06000 LABORATORY	73,631	49,089,521	0.001500	421,445	632	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	18,945	2,235,833	0.008473	34,167	289	63.00
65.00	06500 RESPIRATORY THERAPY	218,893	14,654,715	0.014937	213,952	3,196	65.00
66.00	06600 PHYSICAL THERAPY	122,086	8,368,306	0.014589	30,134	440	66.00
67.00	06700 OCCUPATIONAL THERAPY	78,575	2,726,635	0.028818	15,963	460	67.00
68.00	06800 SPEECH PATHOLOGY	69,979	1,211,190	0.057777	13,496	780	68.00
69.00	06900 ELECTROCARDIOLOGY	144,457	31,645,152	0.004565	155,884	712	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	164,237	24,469,226	0.006712	85,692	575	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	318,525	66,561,159	0.004785	133,263	638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	459,791	63,465,563	0.007245	652,170	4,725	73.00
74.00	07400 RENAL DIALYSIS	33,446	845,506	0.039557	39,788	1,574	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	43,699	2,585,363	0.016902	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	63,849	751,240	0.084991	0	0	90.01
90.02	09002 SLEEP LAB	153,971	5,404,415	0.028490	0	0	90.02
91.00	09100 EMERGENCY	1,306,728	151,692,812	0.008614	525,226	4,524	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	215,142	9,218,590	0.023338	1,708	40	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	205,429	4,141,586	0.049602	7,028	349	92.01
200.00	Total (lines 50 through 199)	12,557,566	795,535,292		3,316,803	45,257	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	26,658	0.00	520	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,646	0.00	299	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	968	0.00	132	35.00	
43.00	04300	NURSERY	0	0	1,470	0.00	663	43.00	
200.00		Total (lines 30 through 199)	0	0	34,742		1,614	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description	Title XIX					Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	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
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	122,156,670	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	23,287,387	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	17,991,935	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	96,907,356	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	45,649,569	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	50,475,563	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	49,089,521	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,235,833	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,654,715	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	8,368,306	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,726,635	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,211,190	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	31,645,152	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,469,226	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	66,561,159	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	63,465,563	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	845,506	0.000000	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,585,363	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 BEHAVIORAL HEALTH	0	0	0	751,240	0.000000	90.01
90.02 09002 SLEEP LAB	0	0	0	5,404,415	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	151,692,812	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,218,590	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	4,141,586	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	795,535,292		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D
Part IV
Date/Time Prepared:
7/9/2021 9:58 am

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	306,487	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	40,016	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	157,611	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	282,805	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	199,968	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	421,445	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	34,167	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	213,952	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	30,134	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	15,963	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	13,496	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	155,884	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	85,692	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	133,263	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	652,170	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	39,788	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	525,226	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,708	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	7,028	0	0	0	92.01
200.00	Total (lines 50 through 199)		3,316,803	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 9:58 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)		26,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,658	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)		24,919	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)		9,482	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)		31,492,559	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)		31,492,559	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)		31,492,559	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)		1,181.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,201,561	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)		11,201,561	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 9:58 am		
Cost Center Description			Title XVIII	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,815,112	5,646	1,915.54	1,800	3,447,972	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,353,837	968	2,431.65	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				15,130,451		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				29,779,984		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)				1,466,027		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,188,050		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,654,077		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				27,125,907		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)				1,739		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,181.35		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,054,368		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/9/2021 9:58 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,298,031	31,492,559	0.104724	2,054,368	215,142	90.00
91.00	Nursing School cost	0	31,492,559	0.000000	2,054,368	0	91.00
92.00	Allied health cost	0	31,492,559	0.000000	2,054,368	0	92.00
93.00	All other Medical Education	0	31,492,559	0.000000	2,054,368	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 9:58 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)		26,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,658	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)		24,919	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)		520	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,470	15.00
16.00	Nursery days (title V or XIX only)		663	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)		31,492,559	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)		31,492,559	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)		31,492,559	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)		1,181.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		614,302	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)		614,302	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/9/2021 9:58 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)	1,154,992	1,470	785.71	663	520,926	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	10,815,112	5,646	1,915.54	299	572,746	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,353,837	968	2,431.65	132	320,978	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					568,175	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,597,127	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)					205,928	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					45,257	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					251,185	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,345,942	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)					1,739	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,181.35	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,054,368	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/9/2021 9:58 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	3,298,031	31,492,559	0.104724	2,054,368	215,142	90.00
91.00	Nursing School cost	0	31,492,559	0.000000	2,054,368	0	91.00
92.00	Allied health cost	0	31,492,559	0.000000	2,054,368	0	92.00
93.00	All other Medical Education	0	31,492,559	0.000000	2,054,368	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/9/2021 9:58 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,218,180	30.00
31.00	03100	INTENSIVE CARE UNIT		8,156,423	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101229	14,388,208	50.00
51.00	05100	RECOVERY ROOM	0.267079	1,591,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335855	40,940	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154097	7,773,896	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.077253	184,251	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.060507	7,424,008	59.00
60.00	06000	LABORATORY	0.200636	8,439,626	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.336307	549,064	63.00
65.00	06500	RESPIRATORY THERAPY	0.245518	3,681,480	65.00
66.00	06600	PHYSICAL THERAPY	0.412833	1,525,077	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409674	872,526	67.00
68.00	06800	SPEECH PATHOLOGY	0.381906	399,424	68.00
69.00	06900	ELECTROCARDIOLOGY	0.053027	5,841,560	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265420	2,586,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.191161	14,246,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183844	14,402,145	73.00
74.00	07400	RENAL DIALYSIS	0.499769	292,737	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.204405	17,257	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.887770	0	90.01
90.02	09002	SLEEP LAB	0.174898	1,149	90.02
91.00	09100	EMERGENCY	0.088160	12,689,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222851	59,170	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.311214	9,564	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		97,016,512	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)		97,016,512	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/9/2021 9:58 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		985,083	30.00
31.00	03100	INTENSIVE CARE UNIT		499,656	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		445,788	35.00
43.00	04300	NURSERY		138,539	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101229	306,487	50.00
51.00	05100	RECOVERY ROOM	0.267079	40,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335855	157,611	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154097	282,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.077253	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.060507	199,968	59.00
60.00	06000	LABORATORY	0.200636	421,445	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.336307	34,167	63.00
65.00	06500	RESPIRATORY THERAPY	0.245518	213,952	65.00
66.00	06600	PHYSICAL THERAPY	0.412833	30,134	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409674	15,963	67.00
68.00	06800	SPEECH PATHOLOGY	0.381906	13,496	68.00
69.00	06900	ELECTROCARDIOLOGY	0.053027	155,884	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265420	85,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.191161	133,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183844	652,170	73.00
74.00	07400	RENAL DIALYSIS	0.499769	39,788	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.204405	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.887770	0	90.01
90.02	09002	SLEEP LAB	0.174898	0	90.02
91.00	09100	EMERGENCY	0.088160	525,226	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.222851	1,708	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.311214	7,028	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,316,803	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)		3,316,803	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/9/2021 9:58 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)		14,945,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,621,788	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)		137,060	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		80,703	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)		119.60	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)		2.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.72	31.00
32.00	Sum of lines 30 and 31		18.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.57	33.00
34.00	Disproportionate share adjustment (see instructions)		246,404	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/9/2021 9:58 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)	0.000164124	0.000225560	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,370,530	1,869,893	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,026,025	471,316	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,497,341		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)	23,528,582		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)		23,528,582	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,767,770	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		104,672	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)		25,401,024	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,401,024	61.00
62.00	Deductibles billed to program beneficiaries		2,175,536	62.00
63.00	Coinurance billed to program beneficiaries		99,968	63.00
64.00	Allowable bad debts (see instructions)		210,183	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		136,619	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,112	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,262,139	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)		178,075	70.93
70.94	HRR adjustment amount (see instructions)		-80,034	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/9/2021 9:58 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)			23,360,180	71.00
71.01	Sequestration adjustment (see instructions)			154,177	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			22,936,926	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)			269,077	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			559,871	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: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/9/2021 9:58 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	14,945,286	0	14,945,286		14,945,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,621,788	0		6,621,788	6,621,788	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	137,060	0	137,060		137,060	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	80,703	0		80,703	80,703	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	0.0457	0.0457	0.0457	0.0457		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	246,404	0	170,750	75,654	246,404	11.00
11.01	Uncompensated care payments	36.00	1,497,341	0	1,026,025	471,316	1,497,341	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	23,528,582	0	16,279,121	7,249,461	23,528,582	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	23,528,582	0	16,279,121	7,249,461	23,528,582	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/9/2021 9:58 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	1,767,770	0	1,235,657	532,113	1,767,770	16.00
17.00	Special add-on payments for new technologies	54.00	104,672	0	0	104,672	104,672	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	17,514,778	7,886,246	25,401,024	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	1,656,390	0	1,163,894	492,496	1,656,390	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	49,265	0	28,117	21,148	49,265	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	0.0375	0.0375	0.0375	0.0375		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	62,115	0	43,646	18,469	62,115	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,767,770	0	1,235,657	532,113	1,767,770	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: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/9/2021 9:58 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	14,945,286	14,945,286		14,945,286	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,621,788		6,621,788	6,621,788	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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	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	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	137,060	137,060		137,060	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	80,703		80,703	80,703	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	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		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	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		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0457	0.0457	0.0457		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	246,404	170,750	75,654	246,404	11.00
11.01	Uncompensated care payments	36.00	1,497,341	1,026,025	471,316	1,497,341	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	12.00
13.00	Subtotal (see instructions)	47.00	23,528,582	16,279,121	7,249,461	23,528,582	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	23,528,582	16,279,121	7,249,461	23,528,582	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,767,770	1,235,657	532,113	1,767,770	16.00
17.00	Special add-on payments for new technologies	54.00	104,672	0	104,672	104,672	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	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			17,514,778	7,886,246	25,401,024	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/9/2021 9:58 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	1,656,390	1,163,894	492,496	1,656,390	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	49,265	28,117	21,148	49,265	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	0.0375	0.0375	0.0375		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	62,115	43,646	18,469	62,115	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,767,770	1,235,657	532,113	1,767,770	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	178,075	130,284	47,791	178,075	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	-80,034	-67,254	-12,780	-80,034	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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/9/2021 9:58 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,385	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,576,938	2.00
3.00	OPPS payments		12,003,023	3.00
4.00	Outlier payment (see instructions)		27,335	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)		6,385	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		34,732	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)		34,732	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)		34,732	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,347	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)		6,385	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)		12,030,358	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,304,327	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)		9,732,416	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)		9,732,416	30.00
31.00	Primary payer payments		3,231	31.00
32.00	Subtotal (line 30 minus line 31)		9,729,185	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)		295,883	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		192,324	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,370	36.00
37.00	Subtotal (see instructions)		9,921,509	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-161	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,921,670	40.00
40.01	Sequestration adjustment (see instructions)		65,483	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		9,947,272	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-91,085	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0158		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 7/9/2021 9:58 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		22,936,926		9,947,272	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		0		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)		0		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)		22,936,926		9,947,272	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		269,077		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		91,085	6.02	
7.00	Total Medicare program liability (see instructions)		23,206,003		9,856,187	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: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/9/2021 9:58 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: 15-0158

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

Worksheet G

Date/Time Prepared:
7/9/2021 9:58 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	380,196,294	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	29,285,480	0	0	0	4.00
5.00	Other receivable	-17,433,467	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,689,262	0	0	0	7.00
8.00	Prepaid expenses	737,472	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	396,475,041	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-5,581,534	0	0	0	14.00
15.00	Buildings	107,710,385	0	0	0	15.00
16.00	Accumulated depreciation	-44,871,940	0	0	0	16.00
17.00	Leasehold improvements	1,261,768	0	0	0	17.00
18.00	Accumulated depreciation	-979,237	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	26,046	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	77,159,410	0	0	0	23.00
24.00	Accumulated depreciation	-53,903,230	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)	87,622,371	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	76,658,898	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	76,658,898	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	560,756,310	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	32,272,966	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,923,637	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,393,022	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,589,625	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	1,980,211	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,980,211	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	43,569,836	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	517,186,474				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)	517,186,474	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	560,756,310	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:
7/9/2021 9:58 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		463,838,479		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		53,347,735				2.00
3.00	Total (sum of line 1 and line 2)		517,186,214		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		517,186,214		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TEMP RESTRICTED FUND BALANCE	-259		0		0	13.00
14.00		0		0		0	14.00
15.00	ROUNDING	-1		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)		-260		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		517,186,474		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TEMP RESTRICTED FUND BALANCE		0				13.00
14.00			0				14.00
15.00	ROUNDING		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: 15-0158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/9/2021 9:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	80,472,566		80,472,566	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)	80,472,566		80,472,566	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,198,676		22,198,676	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	4,073,717		4,073,717	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,272,393		26,272,393	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	106,744,959		106,744,959	17.00
18.00	Ancillary services	247,732,302	376,594,349	624,326,651	18.00
19.00	Outpatient services	35,502,011	135,706,632	171,208,643	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	262,380	262,380	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	389,979,272	512,563,361	902,542,633	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		190,334,948		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)		190,334,948		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0158

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

Worksheet G-3

Date/Time Prepared:
7/9/2021 9:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	902,542,633	1.00
2.00	Less contractual allowances and discounts on patients' accounts	675,328,180	2.00
3.00	Net patient revenues (line 1 minus line 2)	227,214,453	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	190,334,948	4.00
5.00	Net income from service to patients (line 3 minus line 4)	36,879,505	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	6,985,302	24.00
24.50	COVID-19 PHE Funding	9,482,928	24.50
25.00	Total other income (sum of lines 6-24)	16,468,230	25.00
26.00	Total (line 5 plus line 25)	53,347,735	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)	53,347,735	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/9/2021 9:58 am
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,656,390	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,265	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)		87.27	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)		2.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.72	8.00
9.00	Sum of lines 7 and 8		18.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.75	10.00
11.00	Disproportionate share adjustment (see instructions)		62,115	11.00
12.00	Total prospective capital payments (see instructions)		1,767,770	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