

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: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/21/2020 4:19 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 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.	Date: 7/21/2020	Time: 4:19 pm
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 HENDRICKS REGIONAL HEALTH (15-0005) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DENNIS RESSLER
Officer or Administrator of Provider(s)

SENIOR VP OF FINANCE/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	-239,541	88,324	0	1,397,582	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	-239,541	88,324	0	1,397,582	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: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/21/2020 4:19 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1000 EAST MAIN STREET			PO Box:						1.00		
2.00	City: DANVILLE			State: IN		Zip Code: 46122-1409		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		HENDRICKS REGIONAL HEALTH		150005	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00		
21.00	Type of Control (see instructions)						9			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)					N	N		22.03			
23.00	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		23.00			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					554	2,446	0	0	745	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/21/2020 4:19 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N				60.00	

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	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	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	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
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/21/2020 4:19 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
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.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	888,708	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	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/21/2020 4:19 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00		
142.00	Street:	PO Box:				142.00		
143.00	City:	State:		Zip Code:		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	166.00
						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.						N	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)						0.00	169.00
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
						1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 7/21/2020 4:19 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					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		05/12/2020		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.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/06/2020	Y	03/06/2020		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)	N		N			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: 15-0005

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

Worksheet S-2
Part II
Date/Time Prepared:
7/21/2020 4:19 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				N	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.				N	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.				N	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.	MI CHAEL		ALESSANDRI NI		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRI NI@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/21/2020 4:19 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	121	44,165	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)		121	44,165	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		133	48,545	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	44.00	0	0		0	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)		133			0	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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

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)	6,755	532	16,877			1.00
2.00 HMO and other (see instructions)	2,145	3,010				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,755	532	16,877			7.00
8.00 INTENSIVE CARE UNIT	1,137	0	2,371			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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	2,887			13.00
14.00 Total (see instructions)	7,892	532	22,135	0.00	1,752.38	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	0	0	0	0.00	0.00	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)			41			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	1,752.38	27.00
28.00 Observation Bed Days		0	3,500			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	203	575			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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

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	2,191	124	6,154	1.00
2.00	HMO and other (see instructions)			535	735		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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,191	124	6,154	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	0.00					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: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
7/21/2020 4:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	151,043,524	0	151,043,524	3,644,941.00	41.44
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		945,705	0	945,705	5,837.00	162.02
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		10,311,820	0	10,311,820	68,628.00	150.26
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)		53,284,869	359,157	53,644,026	970,717.00	55.26
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		704,560	0	704,560	12,376.00	56.93
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		750,626	0	750,626	4,455.00	168.49
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		0	0	0	0.00	0.00
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)		25,798,223	0	25,798,223		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		11,201,314	0	11,201,314		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		112,441	0	112,441		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,276,708	0	1,276,708		
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)		0	0	0		
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: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
7/21/2020 4:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	3,981,850	-1,293,981	2,687,869	61,446.00	43.74	26.00
27.00	Administrative & General	13,027,091	114,477	13,141,568	373,234.00	35.21	27.00
28.00	Administrative & General under contract (see inst.)	2,744,999	0	2,744,999	34,744.00	79.01	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,860,266	25,167	2,885,433	107,656.00	26.80	30.00
31.00	Laundry & Linen Service	417,061	3,670	420,731	25,121.00	16.75	31.00
32.00	Housekeeping	2,847,917	25,059	2,872,976	159,487.00	18.01	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,109,885	-1,421,773	688,112	37,377.00	18.41	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,440,338	1,440,338	69,151.00	20.83	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,043,153	35,575	4,078,728	92,771.00	43.97	38.00
39.00	Central Services and Supply	1,117,284	9,831	1,127,115	39,135.00	28.80	39.00
40.00	Pharmacy	2,534,978	22,305	2,557,283	58,729.00	43.54	40.00
41.00	Medical Records & Medical Records Library	654,025	115,594	769,619	33,801.00	22.77	41.00
42.00	Social Service	1,944,361	17,108	1,961,469	57,836.00	33.91	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part III
Date/Time Prepared:
7/21/2020 4:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	143,476,703	0	143,476,703	3,611,057.00	39.73	1.00
2.00	Excluded area salaries (see instructions)	53,284,869	359,157	53,644,026	970,717.00	55.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	90,191,834	-359,157	89,832,677	2,640,340.00	34.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,455,186	0	1,455,186	16,831.00	86.46	4.00
5.00	Subtotal wage-related costs (see inst.)	25,910,664	0	25,910,664	0.00	28.84	5.00
6.00	Total (sum of lines 3 thru 5)	117,557,684	-359,157	117,198,527	2,657,171.00	44.11	6.00
7.00	Total overhead cost (see instructions)	38,282,870	-906,630	37,376,240	1,150,488.00	32.49	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 7/21/2020 4:19 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		6,582,600	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,296,958	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)		18,913,825	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		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		160,061	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)		445,126	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,081,780	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		9,530,142	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		32,970	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		345,223	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		38,388,685	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: 15-0005

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

Worksheet S-3
Part V
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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	0	0	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: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 7/21/2020 4:19 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.292545	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		846,157	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		60,904,784	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,817,390	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)		16,971,233	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,971,233	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)	11,686,253	3,300,985	14,987,238	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,418,755	3,300,985	6,719,740	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)	3,418,755	3,300,985	6,719,740	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)		21,119,569	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		254,279	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		391,199	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		20,728,370	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,200,901	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,920,641	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,891,874	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
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		25,801,328		25,801,328	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,981,850	28,224,339	-1,429,550	30,776,639	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,027,091	59,005,453	-81,376	71,951,168	5.00
7.00	00700	OPERATION OF PLANT	2,860,266	8,688,890	17,994	11,567,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	417,061	377,662	37,354	832,077	8.00
9.00	00900	HOUSEKEEPING	2,847,917	781,020	23,735	3,652,672	9.00
10.00	01000	DIETARY	2,109,885	1,606,654	-2,509,008	1,207,531	10.00
11.00	01100	CAFETERIA	0	0	2,527,573	2,527,573	11.00
13.00	01300	NURSING ADMINISTRATION	4,043,153	920,409	33,899	4,997,461	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,117,284	849,505	-27,804	1,938,985	14.00
15.00	01500	PHARMACY	2,534,978	9,578,630	-9,677,239	2,436,369	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	654,025	891,977	196,893	1,742,895	16.00
17.00	01700	SOCIAL SERVICE	1,944,361	286,814	31,246	2,262,421	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,481,865	2,929,838	-5,225,673	15,186,030	30.00
31.00	03100	INTENSIVE CARE UNIT	2,143,875	665,347	-50,353	2,758,869	31.00
43.00	04300	NURSERY	0	-31,501	1,238,830	1,207,329	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,695,795	10,570,671	-3,795,093	9,471,373	50.00
50.01	05001	ENDOSCOPY	1,056,393	520,463	-156,985	1,419,871	50.01
51.00	05100	RECOVERY ROOM	1,466,015	296,206	3,777	1,765,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-339	-74,297	3,933,078	3,858,442	52.00
53.00	05300	ANESTHESIOLOGY	5,865,975	806,356	-4,964	6,667,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,256,021	2,702,663	-299,133	8,659,551	54.00
54.01	05401	RADIATION-ONCOLOGY	1,341,311	23,388,526	150,006	24,879,843	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	210,618	177,953	-3,564	385,007	56.01
59.00	05900	CARDIAC CATHETERIZATION	573,379	1,333,070	-1,020,961	885,488	59.00
60.00	06000	LABORATORY	3,231,544	5,648,413	51,225	8,931,182	60.00
64.00	06400	INTRAVENOUS THERAPY	949,710	252,082	188,770	1,390,562	64.00
65.00	06500	RESPIRATORY THERAPY	2,584,912	673,241	-62,100	3,196,053	65.00
66.00	06600	PHYSICAL THERAPY	6,077,950	2,396,401	-30,403	8,443,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	530,496	90,770	-3,048	618,218	67.00
68.00	06800	SPEECH PATHOLOGY	294,880	31,827	2,409	329,116	68.00
69.00	06900	ELECTROCARDIOLOGY	917,357	268,951	-26,844	1,159,464	69.00
69.01	06901	CARDIAC REHAB	635,678	79,634	715,312	717,466	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	138,975	13,983	1,223	154,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	8,477,517	8,477,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,892,690	9,892,690	73.00
73.01	07301	ULTRA SOUND	613,166	79,917	693,083	688,435	73.01
74.00	07400	RENAL DIALYSIS	122	301,893	302,015	300,471	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,707,579	4,726,802	-417,704	6,016,677	90.00
91.00	09100	EMERGENCY	5,447,507	2,383,537	-76,691	7,754,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,758,655	197,245,427	1,905,688	296,909,770	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,405,333	19,358,884	-1,932,439	62,831,778	192.00
192.01	19201	HEALTH TRACKS	3,211,735	853,788	5,692	4,071,215	192.01
194.00	07950	PRIMARY CARE CLINIC	967,050	1,358,344	2,130	2,327,524	194.00
194.01	07951	PARTNERS IN CARE	0	3,186	0	3,186	194.01
194.02	07952	OCCUPATIONAL MEDICINE	288,819	644,064	-595	932,288	194.02
194.03	07953	FOUNDATION	165,436	21,097	1,456	187,989	194.03
194.04	07954	SCHOOL & TOWN CLINICS	1,527,505	696,780	12,795	2,237,080	194.04
194.05	07955	MANAGED FACILITY	331,705	308,455	2,919	643,079	194.05
194.06	07956	RENTAL PROPERTIES	0	138,143	0	138,143	194.06
194.07	07957	SNF NON CERTIFIED	1,387,286	204,301	2,354	1,593,941	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	151,043,524	220,832,469	0	371,875,993	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A
Date/Time Prepared:
7/21/2020 4:19 pm

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	-173,111	25,628,217	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-362,576	30,414,063	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,521,716	49,429,452	5.00
7.00	00700	OPERATION OF PLANT	-319,361	11,247,789	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	832,077	8.00
9.00	00900	HOUSEKEEPING	-129	3,652,543	9.00
10.00	01000	DIETARY	-493,708	713,823	10.00
11.00	01100	CAFETERIA	-1,114,539	1,413,034	11.00
13.00	01300	NURSING ADMINISTRATION	-40,594	4,956,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-105,696	1,833,289	14.00
15.00	01500	PHARMACY	-29,387	2,406,982	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-357	1,742,538	16.00
17.00	01700	SOCIAL SERVICE	-2,830	2,259,591	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,855,850	11,330,180	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,758,869	31.00
43.00	04300	NURSERY	0	1,207,329	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-17,209	9,454,164	50.00
50.01	05001	ENDOSCOPY	0	1,419,871	50.01
51.00	05100	RECOVERY ROOM	0	1,765,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,858,442	52.00
53.00	05300	ANESTHESIOLOGY	-5,575,668	1,091,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-175,950	8,483,601	54.00
54.01	05401	RADIATION-ONCOLOGY	-80,772	24,799,071	54.01
56.00	05600	RADIOLOGY	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	385,007	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	885,488	59.00
60.00	06000	LABORATORY	-86,134	8,845,048	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,390,562	64.00
65.00	06500	RESPIRATORY THERAPY	68,268	3,264,321	65.00
66.00	06600	PHYSICAL THERAPY	-527,230	7,916,718	66.00
67.00	06700	OCCUPATIONAL THERAPY	-41,613	576,605	67.00
68.00	06800	SPEECH PATHOLOGY	0	329,116	68.00
69.00	06900	ELECTROCARDIOLOGY	-50,442	1,109,022	69.00
69.01	06901	CARDIAC REHAB	0	717,466	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	154,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,477,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,892,690	73.00
73.01	07301	ULTRA SOUND	-29,701	658,734	73.01
74.00	07400	RENAL DIALYSIS	0	300,471	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	20,555	6,037,232	90.00
91.00	09100	EMERGENCY	-802,411	6,951,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,318,161	260,591,609	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,831,778	192.00
192.01	19201	HEALTH TRACKS	0	4,071,215	192.01
194.00	07950	PRIMARY CARE CLINIC	0	2,327,524	194.00
194.01	07951	PARTNERS IN CARE	0	3,186	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	932,288	194.02
194.03	07953	FOUNDATION	0	187,989	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	2,237,080	194.04
194.05	07955	MANAGED FACILITY	0	643,079	194.05
194.06	07956	RENTAL PROPERTIES	0	138,143	194.06
194.07	07957	SNF NON CERTIFIED	0	1,593,941	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,318,161	335,557,832	200.00

RECLASSIFICATIONS

Provider CCN: 15-0005

Period:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,892,690	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	192,231	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
0			0	10,084,921	
B - MOB PLANT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,685	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	58,635	2.00
3.00	OPERATION OF PLANT	7.00	0	9,360	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	58,843	4.00
5.00	SOCIAL SERVICE	17.00	0	16,488	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,749	6.00
7.00	RADIATION-ONCOLOGY	54.01	0	158,147	7.00
8.00	LABORATORY	60.00	0	5,597	8.00
9.00	PHYSICAL THERAPY	66.00	0	21,566	9.00
10.00	OCCUPATIONAL THERAPY	67.00	0	21,566	10.00
11.00	CLINIC	90.00	0	177,382	11.00
12.00	PHARMACY	15.00	0	2,490	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,031	13.00
0			0	624,539	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,427,775	1,087,235	1.00
0			1,427,775	1,087,235	
D - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,477,517	1.00
2.00		0.00	0	0	2.00
0			0	8,477,517	
F - MEDICAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	4,051,203	1.00
2.00	LABORATORY	60.00	0	17,194	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
0			0	4,068,397	
G - HIM RECLASS					
1.00	MEDICAL RECORDS & LIBRARY	16.00	108,881	76,268	1.00
0			108,881	76,268	
H - HEALTH INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,615	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,395	2.00
3.00	RESPIRATORY THERAPY	65.00	0	612	3.00
0			0	44,622	
I - CHILDBIRTH CENTER RECLASS					
1.00	NURSERY	43.00	1,056,264	208,529	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,295,835	626,618	2.00
0			4,352,099	835,147	
J - MEDICAL DIRECTOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	108,735	0	1.00
TOTALS					
			108,735	0	
K - PTO ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	114,623	0	1.00
2.00	OPERATION OF PLANT	7.00	25,167	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	3,670	0	3.00
4.00	HOUSEKEEPING	9.00	25,059	0	4.00
5.00	DIETARY	10.00	6,002	0	5.00
6.00	CAFETERIA	11.00	12,563	0	6.00
7.00	NURSING ADMINISTRATION	13.00	35,575	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	9,831	0	8.00
9.00	PHARMACY	15.00	22,305	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	6,713	0	10.00
11.00	SOCIAL SERVICE	17.00	17,108	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	115,527	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	18,864	0	13.00
14.00	NURSERY	43.00	9,294	0	14.00
15.00	OPERATING ROOM	50.00	23,720	0	15.00
16.00	ENDOSCOPY	50.01	9,295	0	16.00
17.00	RECOVERY ROOM	51.00	12,899	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	28,997	0	18.00
19.00	ANESTHESIOLOGY	53.00	51,614	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	55,046	0	20.00
21.00	RADIATION-ONCOLOGY	54.01	11,802	0	21.00
22.00	NUCLEAR MEDICINE	56.01	1,853	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	5,045	0	23.00
24.00	LABORATORY	60.00	28,434	0	24.00
25.00	INTRAVENOUS THERAPY	64.00	8,356	0	25.00
26.00	RESPIRATORY THERAPY	65.00	22,744	0	26.00
27.00	PHYSICAL THERAPY	66.00	53,479	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	4,668	0	28.00
29.00	SPEECH PATHOLOGY	68.00	2,595	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	8,072	0	30.00
31.00	CARDIAC REHAB	69.01	5,593	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	1,223	0	32.00
33.00	ULTRA SOUND	73.01	5,395	0	33.00
34.00	RENAL DIALYSIS	74.00	1	0	34.00
35.00	CLINIC	90.00	15,025	0	35.00
36.00	EMERGENCY	91.00	47,932	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	398,560	0	37.00
38.00	HEALTH TRACKS	192.01	28,260	0	38.00
39.00	PRIMARY CARE CLINIC	194.00	8,509	0	39.00
40.00	OCCUPATIONAL MEDICINE	194.02	2,541	0	40.00
41.00	FOUNDATION	194.03	1,456	0	41.00
42.00	SCHOOL & TOWN CLINICS	194.04	13,440	0	42.00
43.00	MANAGED FACILITY	194.05	2,919	0	43.00
44.00	SNF NON CERTIFIED	194.07	12,207	0	44.00
TOTALS			1,293,981	0	

Provider CCN: 15-0005

Period:
From 01/01/2019
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Increases				
Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	
500.00	Grand Total : Increases	7,291,471	25,298,646	500.00

RECLASSIFICATIONS

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Period:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DRUG RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	94,780	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	207,000	0		2.00
3.00	PHARMACY	15.00	0	9,676,203	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,561	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	671	0		5.00
6.00	NURSERY	43.00	0	312	0		6.00
7.00	OPERATING ROOM	50.00	0	380	0		7.00
8.00	ENDOSCOPY	50.01	0	138	0		8.00
9.00	RECOVERY ROOM	51.00	0	1,530	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	495	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,222	0		12.00
13.00	RADIATION-ONCOLOGY	54.01	0	999	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	69	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	579	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	281	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	24,294	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	25,584	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	30,481	0		19.00
20.00	CARDIAC REHAB	69.01	0	55	0		20.00
21.00	RENAL DIALYSIS	74.00	0	1,449	0		21.00
22.00	CLINIC	90.00	0	1,378	0		22.00
23.00	EMERGENCY	91.00	0	2,457	0		23.00
0			0	10,084,921			
B - MOB PLANT RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	624,539	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
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
0			0	624,539			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,427,775	1,087,235	0		1.00
0			1,427,775	1,087,235			
D - IMPLANTABLE DEVICES							
1.00	CLINIC	90.00	0	607,881	786		1.00
2.00	OPERATING ROOM	50.00	0	7,869,636	0		2.00
0			0	8,477,517			
F - MEDICAL SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,944	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,835	0		2.00
3.00	OPERATION OF PLANT	7.00	0	16,533	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	25,159	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,324	0		5.00
6.00	NURSING ADMINISTRATIVE	13.00	0	1,676	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	40,030	0		7.00
8.00	PHARMACY	15.00	0	25,831	0		8.00
9.00	SOCIAL SERVICE	17.00	0	2,350	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	148,393	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	68,546	0		11.00
12.00	NURSERY	43.00	0	34,945	0		12.00
13.00	ENDOSCOPY	50.01	0	166,142	0		13.00
14.00	RECOVERY ROOM	51.00	0	7,592	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,369	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	56,083	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	427,706	0		17.00
18.00	RADIATION-ONCOLOGY	54.01	0	18,944	0		18.00
19.00	NUCLEAR MEDICINE	56.01	0	5,417	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,025,937	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	11,238	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	85,175	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	81,154	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	3,698	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	4,435	0		25.00
26.00	CARDIAC REHAB	69.01	0	3,384	0		26.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

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Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
27.00	ULTRA SOUND	73.01	0	10,043	0	27.00	
28.00	RENAL DIALYSIS	74.00	0	96	0	28.00	
29.00	CLINIC	90.00	0	852	0	29.00	
30.00	EMERGENCY	91.00	0	122,166	0	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,597,633	0	31.00	
32.00	HEALTH TRACKS	192.01	0	22,568	0	32.00	
33.00	PRIMARY CARE CLINIC	194.00	0	6,379	0	33.00	
34.00	OCCUPATIONAL MEDICINE	194.02	0	3,136	0	34.00	
35.00	SCHOOL & TOWN CLINICS	194.04	0	645	0	35.00	
36.00	SNF NON CERTIFIED	194.07	0	9,853	0	36.00	
37.00	SPEECH PATHOLOGY	68.00	0	186	0	37.00	
	0		0	4,068,397			
G - HIM RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	108,881	76,268	0	1.00	
	0		108,881	76,268			
H - HEALTH INSURANCE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44,530	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	92	0	2.00	
3.00	0	0.00	0	0	0	3.00	
	0		0	44,622			
I - CHILDBIRTH CENTER RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	4,352,099	835,147	0	1.00	
2.00	0	0.00	0	0	0	2.00	
	0		4,352,099	835,147			
J - MEDICAL DIRECTOR RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	108,735	0	0	1.00	
	TOTALS		108,735	0			
K - PTO ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,293,981	0	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	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
42.00		0.00	0	0	0	42.00	
43.00		0.00	0	0	0	43.00	
44.00		0.00	0	0	0	44.00	
	TOTALS		1,293,981	0			
500.00	Grand Total: Decreases		7,291,471	25,298,646		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

	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	25,010,345	0	0	0	1.00
2.00	Land Improvements	9,993,537	0	0	0	2.00
3.00	Buildings and Fixtures	286,006,646	3,443,523	0	3,443,523	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	165,143,649	14,025,308	0	14,025,308	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	486,154,177	17,468,831	0	17,468,831	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	486,154,177	17,468,831	0	17,468,831	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	25,010,345	0			1.00
2.00	Land Improvements	9,993,537	0			2.00
3.00	Buildings and Fixtures	289,450,169	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	150,620,457	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	475,074,508	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	475,074,508	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part II
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	25,801,328	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	25,801,328	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	25,801,328				1.00
3.00	Total (sum of lines 1-2)	0	25,801,328				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part III
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	475,074,508	0	475,074,508	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	475,074,508	0	475,074,508	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	25,874,703	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	25,874,703	0	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	-246,486	0	0	0	25,628,217	1.00
3.00	Total (sum of lines 1-2)	-246,486	0	0	0	25,628,217	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:
7/21/2020 4:19 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-246,486	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,894,370			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,114,539	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 1993 CARRYFORWARD	A	70,087	NEW CAP REL COSTS-BLDG & FI XT		1.00	9 33.00
33.01 1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FI XT		1.00	9 33.01
33.07 ADMITTING TELEPHONE (EQUIPMENT)	A	-9,164	ADMINISTRATIVE & GENERAL		5.00	0 33.07
33.08 ADMITTING TELEPHONE (SALARY)	A	-23,192	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 MARKETING DEPARTMENT	A	-3,710,617	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.10 PHYSICIAN RECRUITMENT	A	-4,814,959	ADMINISTRATIVE & GENERAL		5.00	0 33.10
33.11 IHA LOBBYING EXPENSE	A	-6,401	ADMINISTRATIVE & GENERAL		5.00	0 33.11
34.00 AHA LOBBYING EXPENSE	A	-6,512	ADMINISTRATIVE & GENERAL		5.00	0 34.00
35.00 HOSPITAL ASSESSMENT FEE	A	-8,477,465	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 HIP ASSESSMENT FEE	A	-4,293,847	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00 MEALS ON WHEELS	A	-493,708	DIETARY		10.00	0 37.00
38.00 REVENUE OTHER OPERATING	B	-105	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.00
39.00 HRH BENEFITS EXPENSE	B	-246,019	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.00
40.00 HRH WELLNESS	B	-116,182	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.00
41.00 JURY DUTY	B	-270	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 41.00
43.00 REVENUE OTHER OPERATING	B	-43,706	ADMINISTRATIVE & GENERAL		5.00	0 43.00
44.00 CHAPLAINCY	B	-1,708	ADMINISTRATIVE & GENERAL		5.00	0 44.00
45.00 FINANCIAL SERVICES	B	-1,245	ADMINISTRATIVE & GENERAL		5.00	0 45.00
45.01 GIFT SHOP	B	-418,627	ADMINISTRATIVE & GENERAL		5.00	0 45.01
45.03 ANSWERING SERVICE	B	-41,130	ADMINISTRATIVE & GENERAL		5.00	0 45.03
45.04 REVENUE - OTHER OPERATING	B	-541,767	ADMINISTRATIVE & GENERAL		5.00	0 45.04
45.05 OPERATIONAL EXCELLENCE	B	-420	ADMINISTRATIVE & GENERAL		5.00	0 45.05
45.06 REVENUE CYCLE	B	-72,730	ADMINISTRATIVE & GENERAL		5.00	0 45.06
45.07 VOLUNTEER SERVICES	B	-58,226	ADMINISTRATIVE & GENERAL		5.00	0 45.07
45.08 REVENUE OTHER OPERATING	B	-318,963	OPERATION OF PLANT		7.00	0 45.08
45.09 REVENUE - OTHER OPERATING	B	-398	OPERATION OF PLANT		7.00	0 45.09
45.10 SUPPORT SERVICE	B	-129	HOUSEKEEPING		9.00	0 45.10
45.11 EDUCATIONAL SERVICES	B	-38,474	NURSING ADMINISTRATION		13.00	0 45.11
45.12 REVENUE - OTHER OPERATING	B	-2,120	NURSING ADMINISTRATION		13.00	0 45.12
45.13 MATERIALS MANAGEMENT	B	-105,696	CENTRAL SERVICES & SUPPLY		14.00	0 45.13
45.14 PHARMACY	B	-29,387	PHARMACY		15.00	0 45.14
45.15 REVENUE OTHER OPERATING	B	-357	MEDICAL RECORDS & LIBRARY		16.00	0 45.15
45.16 REVENUE OTHER OPERATING	B	-2,265	SOCIAL SERVICE		17.00	0 45.16
45.17 TRANSITION OF CARE	B	-565	SOCIAL SERVICE		17.00	9 45.17
45.18 CHILD BIRTH CENTER	B	-7,766	ADULTS & PEDIATRICS		30.00	0 45.18
45.19 REVENUE OTHER OPERATING	B	-13	ADULTS & PEDIATRICS		30.00	0 45.19
45.21 REVENUE - OTHER OPERATING	B	-54,312	RADIOLOGY-DIAGNOSTIC		54.00	0 45.21
45.22 ONCOLOGY INFUSION CENTER	B	-67,834	RADIATION-ONCOLOGY		54.01	0 45.22
45.23 REVENUE - OTHER OPERATING	B	-163	RADIATION-ONCOLOGY		54.01	0 45.23
45.25 LABORATORY	B	-13,440	LABORATORY		60.00	0 45.25
45.26 RESPIRATORY THERAPY	B	68,268	RESPIRATORY THERAPY		65.00	0 45.26
45.27 HRH SPORTS MEDICINE PHYSICIAN	B	-431	PHYSICAL THERAPY		66.00	0 45.27
45.28 PHYSICAL THERAPY	B	-2,704	PHYSICAL THERAPY		66.00	0 45.28
45.29 PHYSICAL THERAPY - AVON	B	-2,591	PHYSICAL THERAPY		66.00	0 45.29
45.30 PHYSICAL THERAPY - BROWNSBURG	B	-212	PHYSICAL THERAPY		66.00	0 45.30
45.31 PHYSICAL THERAPY - PLAINFIELD	B	-9,961	PHYSICAL THERAPY		66.00	0 45.31
45.32 SPORTS MEDICINE	B	-34,132	PHYSICAL THERAPY		66.00	0 45.32
45.33 REVENUE - OTHER OPERATING	B	-2,452	PHYSICAL THERAPY		66.00	0 45.33
45.34 OCCUPATIONAL THERAPY REHAB	B	-41,613	OCCUPATIONAL THERAPY		67.00	0 45.34
45.36 REVENUE - OTHER OPERATING	B	-29,701	ULTRA SOUND		73.01	0 45.36
45.37 HIBBELN SURGERY CENTER	B	20,555	CLINIC		90.00	0 45.37
45.38 EMERGENCY DEPARTMENT	B	-1,627	EMERGENCY		91.00	0 45.38
45.39 EMS PROGRAM	B	-79,658	EMERGENCY		91.00	0 45.39
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,318,161				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:
7/21/2020 4:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,357,686	3,307,286	50,400	174,600	407	1.00
2.00	30.00	ADULTS & PEDIATRICS	524,550	524,550	0	0	0	2.00
3.00	50.00	OPERATING ROOM	50,733	0	50,733	206,300	338	3.00
4.00	53.00	ANESTHESIOLOGY	5,575,668	5,575,668	0	233,500	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	83,322	83,322	0	265,200	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	20,865	20,865	0	265,200	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	17,451	17,451	0	206,300	0	7.00
8.00	54.01	RADIATION-ONCOLOGY	12,775	12,775	0	206,300	0	8.00
9.00	60.00	LABORATORY	72,694	72,694	0	253,900	0	9.00
10.00	66.00	PHYSICAL THERAPY	474,747	474,747	0	206,300	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	50,442	50,442	0	206,300	0	11.00
12.00	91.00	EMERGENCY	1,055,482	429,569	625,913	206,300	3,682	12.00
13.00	91.00	EMERGENCY	0	0	0	206,300	0	13.00
14.00	91.00	EMERGENCY	73,980	0	73,980	206,300	435	14.00
200.00			11,370,395	10,569,369	801,026		4,862	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	30.00	ADULTS & PEDIATRICS	34,165	1,708	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	33,524	1,676	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.01	RADIATION-ONCOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	365,191	18,260	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	43,145	2,157	0	0	0	14.00
200.00			476,025	23,801	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	30.00	ADULTS & PEDIATRICS	0	34,165	16,235	3,323,521		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	524,550		2.00
3.00	50.00	OPERATING ROOM	0	33,524	17,209	17,209		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	5,575,668		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	83,322		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	20,865		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	17,451		7.00
8.00	54.01	RADIATION-ONCOLOGY	0	0	0	12,775		8.00
9.00	60.00	LABORATORY	0	0	0	72,694		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	474,747		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	50,442		11.00
12.00	91.00	EMERGENCY	0	365,191	260,722	690,291		12.00
13.00	91.00	EMERGENCY	0	0	0	0		13.00
14.00	91.00	EMERGENCY	0	43,145	30,835	30,835		14.00
200.00			0	476,025	325,001	10,894,370		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	25,628,217	25,628,217				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,414,063	193,621	30,607,684			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	49,429,452	1,480,377	2,711,276	53,621,105	53,621,105	5.00
7.00 00700	OPERATION OF PLANT	11,247,789	3,269,327	595,302	15,112,418	2,874,201	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	832,077	275,419	86,802	1,194,298	227,141	8.00
9.00 00900	HOUSEKEEPING	3,652,543	123,637	592,732	4,368,912	830,915	9.00
10.00 01000	DIETARY	713,823	485,053	141,966	1,340,842	255,012	10.00
11.00 01100	CAFETERIA	1,413,034	86,141	297,160	1,796,335	341,641	11.00
13.00 01300	NURSING ADMINISTRATION	4,956,867	250,721	841,495	6,049,083	1,150,463	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,833,289	468,230	232,538	2,534,057	481,947	14.00
15.00 01500	PHARMACY	2,406,982	256,019	527,601	3,190,602	606,814	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,742,538	189,365	158,782	2,090,685	397,623	16.00
17.00 01700	SOCIAL SERVICE	2,259,591	111,418	404,677	2,775,686	527,902	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	11,330,180	2,205,958	2,732,676	16,268,814	3,094,133	30.00
31.00 03100	INTENSIVE CARE UNIT	2,758,869	255,122	446,201	3,460,192	658,087	31.00
43.00 04300	NURSERY	1,207,329	48,297	219,838	1,475,464	280,616	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	9,454,164	650,356	561,071	10,665,591	2,028,467	50.00
50.01 05001	ENDOSCOPY	1,419,871	450,133	219,865	2,089,869	397,468	50.01
51.00 05100	RECOVERY ROOM	1,765,998	793,683	305,119	2,864,800	544,851	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,858,442	163,798	685,886	4,708,126	895,429	52.00
53.00 05300	ANESTHESIOLOGY	1,091,699	0	1,220,876	2,312,575	439,824	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,483,601	952,298	1,302,055	10,737,954	2,042,230	54.00
54.01 05401	RADIATION-ONCOLOGY	24,799,071	570,093	279,165	25,648,329	4,878,004	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	385,007	15,259	43,836	444,102	84,463	56.01
59.00 05900	CARDIAC CATHETERIZATION	885,488	276,027	119,336	1,280,851	243,602	59.00
60.00 06000	LABORATORY	8,845,048	335,964	672,576	9,853,588	1,874,034	60.00
64.00 06400	INTRAVENOUS THERAPY	1,390,562	96,333	197,661	1,684,556	320,382	64.00
65.00 06500	RESPIRATORY THERAPY	3,264,321	367,872	537,993	4,170,186	793,119	65.00
66.00 06600	PHYSICAL THERAPY	7,916,718	675,055	1,264,994	9,856,767	1,874,639	66.00
67.00 06700	OCCUPATIONAL THERAPY	576,605	175,206	110,411	862,222	163,984	67.00
68.00 06800	SPEECH PATHOLOGY	329,116	68,768	61,373	459,257	87,345	68.00
69.00 06900	ELECTROCARDIOLOGY	1,109,022	121,205	190,928	1,421,155	270,287	69.00
69.01 06901	CARDIAC REHAB	717,466	141,879	132,303	991,648	188,600	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	154,181	77,657	28,925	260,763	49,594	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	8,477,517	0	0	8,477,517	1,612,322	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,892,690	0	0	9,892,690	1,881,471	73.00
73.01 07301	ULTRA SOUND	658,734	19,747	127,617	806,098	153,310	73.01
74.00 07400	RENAL DIALYSIS	300,471	0	25	300,496	57,151	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	6,037,232	583,847	355,396	6,976,475	1,326,842	90.00
91.00 09100	EMERGENCY	6,951,942	929,974	1,133,781	9,015,697	1,714,677	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	260,591,609	17,163,859	19,540,238	241,059,805	35,648,590	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	62,831,778	7,095,978	9,427,491	79,355,247	15,092,539	192.00
192.01 19201	HEALTH TRACKS	4,071,215	359,765	668,453	5,099,433	969,851	192.01
194.00 07950	PRIMARY CARE CLINIC	2,327,524	419,122	201,271	2,947,917	560,658	194.00
194.01 07951	PARTNERS IN CARE	3,186	22,440	0	25,626	4,874	194.01
194.02 07952	OCCUPATIONAL MEDICINE	932,288	137,044	60,111	1,129,443	214,807	194.02
194.03 07953	FOUNDATION	187,989	13,985	34,432	236,406	44,962	194.03
194.04 07954	SCHOOL & TOWN CLINICS	2,237,080	33,240	317,917	2,588,237	492,252	194.04
194.05 07955	MANAGED FACILITY	643,079	0	69,037	712,116	135,436	194.05
194.06 07956	RENTAL PROPERTIES	138,143	0	0	138,143	26,273	194.06
194.07 07957	SNF NON CERTIFIED	1,593,941	382,784	288,734	2,265,459	430,863	194.07
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	335,557,832	25,628,217	30,607,684	335,557,832	53,621,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	17,986,619				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,421,439			8.00	
9.00	00900	HOUSEKEEPING	236,205	0	5,436,032		9.00	
10.00	01000	DIETARY	926,674	0	55,554	2,578,082	10.00	
11.00	01100	CAFETERIA	164,569	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	478,992	0	18,518	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	857,030	439	57,611	0	14.00	
15.00	01500	PHARMACY	489,115	1,852	12,345	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	300,262	0	26,748	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	2,058	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,892,840	381,937	2,551,352	1,824,294	30.00	
31.00	03100	INTENSIVE CARE UNIT	487,400	53,333	395,049	247,265	31.00	
43.00	04300	NURSERY	92,269	20,241	8,230	301,077	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,242,480	95,060	207,812	0	50.00	
50.01	05001	ENDOSCOPY	859,962	52,260	78,187	0	50.01	
51.00	05100	RECOVERY ROOM	1,516,301	106,058	37,036	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	312,930	74,656	102,877	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	4,115	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	962,575	156,969	230,445	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	9,804	82,302	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	29,152	0	6,173	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	527,339	0	0	0	59.00	
60.00	06000	LABORATORY	499,072	170	156,373	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	184,040	5,749	6,173	0	64.00	
65.00	06500	RESPIRATORY THERAPY	567,444	0	10,288	0	65.00	
66.00	06600	PHYSICAL THERAPY	578,065	96,613	296,286	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	23,952	0	30,863	0	67.00	
68.00	06800	SPEECH PATHOLOGY	131,378	0	6,173	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	231,558	22,867	32,921	0	69.00	
69.01	06901	CARDIAC REHAB	163,518	496	14,403	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	148,361	1,197	28,806	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	37,726	0	6,173	0	73.01	
74.00	07400	RENAL DIALYSIS	0	175	8,230	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	91,940	119,338	0	90.00	
91.00	09100	EMERGENCY	1,250,944	184,608	244,848	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				190,683	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,192,153	1,356,424	4,837,287	2,372,636	2,261,616	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,172	39,804	440,314	0	0	192.00
192.01	19201	HEALTH TRACKS	0	8,401	90,532	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	711	18,518	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	925	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	2,502	43,208	0	0	194.02
194.03	07953	FOUNDATION	0	0	2,058	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	523	4,115	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	731,294	12,149	0	205,446	40,929	194.07
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)	17,986,619	1,421,439	5,436,032	2,578,082	2,302,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	7,813,928					13.00
14.00	01400	0	3,980,386				14.00
15.00	01500	0	0	4,374,714			15.00
16.00	01600	0	0	0	2,857,900		16.00
17.00	01700	0	0	0	0	3,378,507	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,019,308	0	0	201,183	2,206,745	30.00
31.00	03100	402,864	0	0	65,612	299,016	31.00
43.00	04300	167,100	0	0	49,343	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	556,372	3,980,386	0	521,289	543,188	50.00
50.01	05001	191,749	0	0	92,425	0	50.01
51.00	05100	247,163	0	0	82,671	0	51.00
52.00	05200	521,339	0	0	117,890	0	52.00
53.00	05300	286,504	0	0	0	0	53.00
54.00	05400	1,158,894	0	0	134,268	0	54.00
54.01	05401	0	0	0	198,591	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	0	0	0	0	56.01
59.00	05900	115,425	0	0	154,874	0	59.00
60.00	06000	0	0	0	386,996	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	482,947	0	0	119,776	0	65.00
66.00	06600	0	0	0	80,041	0	66.00
67.00	06700	0	0	0	12,193	0	67.00
68.00	06800	0	0	0	10,391	0	68.00
69.00	06900	280,374	0	0	62,106	0	69.00
69.01	06901	120,517	0	0	11,367	0	69.01
70.00	07000	0	0	0	0	0	70.00
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	4,374,714	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	3,412	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,040,116	0	0	553,472	329,558	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		7,590,672	3,980,386	4,374,714	2,857,900	3,378,507	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	223,256	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		7,813,928	3,980,386	4,374,714	2,857,900	3,378,507	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	32,810,804	0	32,810,804
31.00	03100	INTENSIVE CARE UNIT	6,142,674	0	6,142,674
43.00	04300	NURSERY	2,424,974	0	2,424,974
44.00	04400	SKILLED NURSING FACILITY	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	19,942,644	0	19,942,644
50.01	05001	ENDOSCOPY	3,797,073	0	3,797,073
51.00	05100	RECOVERY ROOM	5,444,192	0	5,444,192
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,828,823	0	6,828,823
53.00	05300	ANESTHESIOLOGY	3,095,542	0	3,095,542
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,635,793	0	15,635,793
54.01	05401	RADIATION-ONCOLOGY	30,866,724	0	30,866,724
56.00	05600	RADIOISOTOPE	0	0	0
56.01	05601	NUCLEAR MEDICINE	570,523	0	570,523
59.00	05900	CARDIAC CATHETERIZATION	2,343,252	0	2,343,252
60.00	06000	LABORATORY	12,924,741	0	12,924,741
64.00	06400	INTRAVENOUS THERAPY	2,228,091	0	2,228,091
65.00	06500	RESPIRATORY THERAPY	6,232,298	0	6,232,298
66.00	06600	PHYSICAL THERAPY	13,008,797	0	13,008,797
67.00	06700	OCCUPATIONAL THERAPY	1,110,207	0	1,110,207
68.00	06800	SPEECH PATHOLOGY	704,055	0	704,055
69.00	06900	ELECTROCARDIOLOGY	2,372,669	0	2,372,669
69.01	06901	CARDIAC REHAB	1,512,643	0	1,512,643
70.00	07000	ELECTROENCEPHALOGRAPHY	494,488	0	494,488
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,089,839	0	10,089,839
73.00	07300	DRUGS CHARGED TO PATIENTS	16,148,875	0	16,148,875
73.01	07301	ULTRA SOUND	1,021,050	0	1,021,050
74.00	07400	RENAL DIALYSIS	369,464	0	369,464
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	8,514,595	0	8,514,595
91.00	09100	EMERGENCY	14,524,603	0	14,524,603
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,159,433	0	221,159,433
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	94,991,076	0	94,991,076
192.01	19201	HEALTH TRACKS	6,168,217	0	6,168,217
194.00	07950	PRIMARY CARE CLINIC	3,527,804	0	3,527,804
194.01	07951	PARTNERS IN CARE	31,425	0	31,425
194.02	07952	OCCUPATIONAL MEDICINE	1,389,960	0	1,389,960
194.03	07953	FOUNDATION	283,426	0	283,426
194.04	07954	SCHOOL & TOWN CLINICS	3,085,127	0	3,085,127
194.05	07955	MANAGED FACILITY	847,552	0	847,552
194.06	07956	RENTAL PROPERTIES	164,416	0	164,416
194.07	07957	SNF NON CERTIFIED	3,909,396	0	3,909,396
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	335,557,832	0	335,557,832

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0005

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

Worksheet B
Part II
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	193,621	193,621	193,621		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,480,377	1,480,377	17,150	1,497,527	5.00
7.00 00700	OPERATION OF PLANT	0	3,269,327	3,269,327	3,765	80,277	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	275,419	275,419	549	6,344	8.00
9.00 00900	HOUSEKEEPING	0	123,637	123,637	3,749	23,208	9.00
10.00 01000	DIETARY	0	485,053	485,053	898	7,123	10.00
11.00 01100	CAFETERIA	0	86,141	86,141	1,880	9,542	11.00
13.00 01300	NURSING ADMINISTRATION	0	250,721	250,721	5,323	32,133	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	468,230	468,230	1,471	13,461	14.00
15.00 01500	PHARMACY	0	256,019	256,019	3,337	16,948	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	189,365	189,365	1,004	11,106	16.00
17.00 01700	SOCIAL SERVICE	0	111,418	111,418	2,560	14,744	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,205,958	2,205,958	17,285	86,420	30.00
31.00 03100	INTENSIVE CARE UNIT	0	255,122	255,122	2,822	18,381	31.00
43.00 04300	NURSERY	0	48,297	48,297	1,391	7,838	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	650,356	650,356	3,549	56,656	50.00
50.01 05001	ENDOSCOPY	0	450,133	450,133	1,391	11,101	50.01
51.00 05100	RECOVERY ROOM	0	793,683	793,683	1,930	15,218	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	163,798	163,798	4,338	25,010	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	7,722	12,284	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	952,298	952,298	8,236	57,040	54.00
54.01 05401	RADIATION-ONCOLOGY	0	570,093	570,093	1,766	136,244	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	0	15,259	15,259	277	2,359	56.01
59.00 05900	CARDIAC CATHETERIZATION	0	276,027	276,027	755	6,804	59.00
60.00 06000	LABORATORY	0	335,964	335,964	4,254	52,342	60.00
64.00 06400	INTRAVENOUS THERAPY	0	96,333	96,333	1,250	8,948	64.00
65.00 06500	RESPIRATORY THERAPY	0	367,872	367,872	3,403	22,152	65.00
66.00 06600	PHYSICAL THERAPY	0	675,055	675,055	8,002	52,359	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	175,206	175,206	698	4,580	67.00
68.00 06800	SPEECH PATHOLOGY	0	68,768	68,768	388	2,440	68.00
69.00 06900	ELECTROCARDIOLOGY	0	121,205	121,205	1,208	7,549	69.00
69.01 06901	CARDIAC REHAB	0	141,879	141,879	837	5,268	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	77,657	77,657	183	1,385	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	45,033	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	52,550	73.00
73.01 07301	ULTRA SOUND	0	19,747	19,747	807	4,282	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	1,596	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	583,847	583,847	2,248	37,059	90.00
91.00 09100	EMERGENCY	0	929,974	929,974	7,172	47,891	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	17,163,859	17,163,859	123,598	995,675	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	7,095,978	7,095,978	59,650	421,413	192.00
192.01 19201	HEALTH TRACKS	0	359,765	359,765	4,228	27,088	192.01
194.00 07950	PRIMARY CARE CLINIC	0	419,122	419,122	1,273	15,659	194.00
194.01 07951	PARTNERS IN CARE	0	22,440	22,440	0	136	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	137,044	137,044	380	6,000	194.02
194.03 07953	FOUNDATION	0	13,985	13,985	218	1,256	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	33,240	33,240	2,011	13,749	194.04
194.05 07955	MANAGED FACILITY	0	0	0	437	3,783	194.05
194.06 07956	RENTAL PROPERTIES	0	0	0	0	734	194.06
194.07 07957	SNF NON CERTIFIED	0	382,784	382,784	1,826	12,034	194.07
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	25,628,217	25,628,217	193,621	1,497,527	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 7/21/2020 4:19 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	3,353,369				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	282,312			8.00	
9.00	00900	HOUSEKEEPING	44,037	0	194,631		9.00	
10.00	01000	DIETARY	172,766	0	1,989	667,829	10.00	
11.00	01100	CAFETERIA	30,682	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	89,302	0	663	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	159,782	87	2,063	0	14.00	
15.00	01500	PHARMACY	91,189	368	442	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	55,980	0	958	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	74	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	725,767	75,857	91,349	472,567	30.00	
31.00	03100	INTENSIVE CARE UNIT	90,869	10,592	14,144	64,052	31.00	
43.00	04300	NURSERY	17,202	4,020	295	77,991	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	231,644	18,880	7,440	0	50.00	
50.01	05001	ENDOSCOPY	160,329	10,379	2,799	0	50.01	
51.00	05100	RECOVERY ROOM	282,694	21,064	1,326	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,342	14,827	3,683	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	147	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,460	31,176	8,251	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	1,947	2,947	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	5,435	0	221	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	98,315	0	0	0	59.00	
60.00	06000	LABORATORY	93,045	34	5,599	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	34,312	1,142	221	0	64.00	
65.00	06500	RESPIRATORY THERAPY	105,793	0	368	0	65.00	
66.00	06600	PHYSICAL THERAPY	107,773	19,188	10,608	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,466	0	1,105	0	67.00	
68.00	06800	SPEECH PATHOLOGY	24,494	0	221	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	43,171	4,542	1,179	0	69.00	
69.01	06901	CARDIAC REHAB	30,486	98	516	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	27,660	238	1,031	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	7,034	0	221	0	73.01	
74.00	07400	RENAL DIALYSIS	0	35	295	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18,260	4,273	0	90.00	
91.00	09100	EMERGENCY	233,222	36,665	8,766	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				10,621	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,205,251	269,399	173,194	614,610	125,965	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,778	7,905	15,765	0	192.00	
192.01	19201	HEALTH TRACKS	0	1,669	3,241	0	192.01	
194.00	07950	PRIMARY CARE CLINIC	0	141	663	0	194.00	
194.01	07951	PARTNERS IN CARE	0	184	0	0	194.01	
194.02	07952	OCCUPATIONAL MEDICINE	0	497	1,547	0	194.02	
194.03	07953	FOUNDATION	0	0	74	0	194.03	
194.04	07954	SCHOOL & TOWN CLINICS	0	104	147	0	194.04	
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05	
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06	
194.07	07957	SNF NON CERTIFIED	136,340	2,413	0	53,219	194.07	
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)	3,353,369	282,312	194,631	667,829	128,245	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	384,651				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	647,840			14.00
15.00	01500	PHARMACY	0	0	372,424		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	260,785	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	132,854
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	99,402	0	0	18,360	86,777
31.00	03100	INTENSIVE CARE UNIT	19,831	0	0	5,988	11,758
43.00	04300	NURSERY	8,226	0	0	4,503	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,388	647,840	0	47,573	21,360
50.01	05001	ENDOSCOPY	9,439	0	0	8,435	0
51.00	05100	RECOVERY ROOM	12,167	0	0	7,545	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,664	0	0	10,759	0
53.00	05300	ANESTHESIOLOGY	14,104	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,048	0	0	12,253	0
54.01	05401	RADIATION-ONCOLOGY	0	0	0	18,124	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,682	0	0	14,134	0
60.00	06000	LABORATORY	0	0	0	35,317	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	23,774	0	0	10,931	0
66.00	06600	PHYSICAL THERAPY	0	0	0	7,305	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,113	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	948	0
69.00	06900	ELECTROCARDIOLOGY	13,802	0	0	5,668	0
69.01	06901	CARDIAC REHAB	5,933	0	0	1,037	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	372,424	0	0
73.01	07301	ULTRA SOUND	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	311	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	51,201	0	0	50,481	12,959
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,661	647,840	372,424	260,785	132,854
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	HEALTH TRACKS	0	0	0	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0
194.01	07951	PARTNERS IN CARE	0	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0
194.05	07955	MANAGED FACILITY	0	0	0	0	0
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0
194.07	07957	SNF NON CERTIFIED	10,990	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	384,651	647,840	372,424	260,785	132,854

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 7/21/2020 4:19 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,900,361	0	3,900,361
31.00	03100	INTENSIVE CARE UNIT	497,673	0	497,673
43.00	04300	NURSERY	171,469	0	171,469
44.00	04400	SKILLED NURSING FACILITY	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,718,367	0	1,718,367
50.01	05001	ENDOSCOPY	655,964	0	655,964
51.00	05100	RECOVERY ROOM	1,138,151	0	1,138,151
52.00	05200	DELIVERY ROOM & LABOR ROOM	311,744	0	311,744
53.00	05300	ANESTHESIOLOGY	37,182	0	37,182
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317,595	0	1,317,595
54.01	05401	RADIATION-ONCOLOGY	733,889	0	733,889
56.00	05600	RADIOISOTOPE	0	0	0
56.01	05601	NUCLEAR MEDICINE	23,920	0	23,920
59.00	05900	CARDIAC CATHETERIZATION	402,896	0	402,896
60.00	06000	LABORATORY	535,161	0	535,161
64.00	06400	INTRAVENOUS THERAPY	143,720	0	143,720
65.00	06500	RESPIRATORY THERAPY	539,224	0	539,224
66.00	06600	PHYSICAL THERAPY	892,899	0	892,899
67.00	06700	OCCUPATIONAL THERAPY	188,114	0	188,114
68.00	06800	SPEECH PATHOLOGY	97,789	0	97,789
69.00	06900	ELECTROCARDIOLOGY	201,187	0	201,187
69.01	06901	CARDIAC REHAB	187,285	0	187,285
70.00	07000	ELECTROENCEPHALOGRAPHY	108,475	0	108,475
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	45,033	0	45,033
73.00	07300	DRUGS CHARGED TO PATIENTS	424,974	0	424,974
73.01	07301	ULTRA SOUND	33,079	0	33,079
74.00	07400	RENAL DIALYSIS	2,237	0	2,237
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	645,687	0	645,687
91.00	09100	EMERGENCY	1,388,952	0	1,388,952
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,343,027	0	16,343,027
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,612,489	0	7,612,489
192.01	19201	HEALTH TRACKS	395,991	0	395,991
194.00	07950	PRIMARY CARE CLINIC	436,858	0	436,858
194.01	07951	PARTNERS IN CARE	22,760	0	22,760
194.02	07952	OCCUPATIONAL MEDICINE	145,468	0	145,468
194.03	07953	FOUNDATION	15,533	0	15,533
194.04	07954	SCHOOL & TOWN CLINICS	49,251	0	49,251
194.05	07955	MANAGED FACILITY	4,220	0	4,220
194.06	07956	RENTAL PROPERTIES	734	0	734
194.07	07957	SNF NON CERTIFIED	601,886	0	601,886
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	25,628,217	0	25,628,217

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)		
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00	5A	5.00	7.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	885,108					1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,687	148,355,655				4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	51,127	13,141,568	-53,621,105	281,936,727		5.00	
7.00 00700 OPERATION OF PLANT	112,911	2,885,433	0	15,112,418	325,154	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	9,512	420,731	0	1,194,298	0	8.00	
9.00 00900 HOUSEKEEPING	4,270	2,872,976	0	4,368,912	4,270	9.00	
10.00 01000 DIETARY	16,752	688,112	0	1,340,842	16,752	10.00	
11.00 01100 CAFETERIA	2,975	1,440,338	0	1,796,335	2,975	11.00	
13.00 01300 NURSING ADMINISTRATION	8,659	4,078,728	0	6,049,083	8,659	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	16,171	1,127,115	0	2,534,057	15,493	14.00	
15.00 01500 PHARMACY	8,842	2,557,283	0	3,190,602	8,842	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	6,540	769,619	0	2,090,685	5,428	16.00	
17.00 01700 SOCIAL SERVICE	3,848	1,961,469	0	2,775,686	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	76,186	13,245,293	0	16,268,814	70,373	30.00	
31.00 03100 INTENSIVE CARE UNIT	8,811	2,162,739	0	3,460,192	8,811	31.00	
43.00 04300 NURSERY	1,668	1,065,558	0	1,475,464	1,668	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	22,461	2,719,515	0	10,665,591	22,461	50.00	
50.01 05001 ENDOSCOPY	15,546	1,065,688	0	2,089,869	15,546	50.01	
51.00 05100 RECOVERY ROOM	27,411	1,478,914	0	2,864,800	27,411	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,657	3,324,493	0	4,708,126	5,657	52.00	
53.00 05300 ANESTHESIOLOGY	0	5,917,589	0	2,312,575	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	32,889	6,311,067	0	10,737,954	17,401	54.00	
54.01 05401 RADIOLOGY-ONCOLOGY	19,689	1,353,113	0	25,648,329	0	54.01	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
56.01 05601 NUCLEAR MEDICINE	527	212,471	0	444,102	527	56.01	
59.00 05900 CARDIAC CATHETERIZATION	9,533	578,424	0	1,280,851	9,533	59.00	
60.00 06000 LABORATORY	11,603	3,259,978	0	9,853,588	9,022	60.00	
64.00 06400 INTRAVENOUS THERAPY	3,327	958,066	0	1,684,556	3,327	64.00	
65.00 06500 RESPIRATORY THERAPY	12,705	2,607,656	0	4,170,186	10,258	65.00	
66.00 06600 PHYSICAL THERAPY	23,314	6,131,429	0	9,856,767	10,450	66.00	
67.00 06700 OCCUPATIONAL THERAPY	6,051	535,164	0	862,222	433	67.00	
68.00 06800 SPEECH PATHOLOGY	2,375	297,475	0	459,257	2,375	68.00	
69.00 06900 ELECTROCARDIOLOGY	4,186	925,429	0	1,421,155	4,186	69.00	
69.01 06901 CARDIAC REHAB	4,900	641,271	0	991,648	2,956	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	2,682	140,198	0	260,763	2,682	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,477,517	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	9,892,690	0	73.00	
73.01 07301 ULTRA SOUND	682	618,561	0	806,098	682	73.01	
74.00 07400 RENAL DIALYSIS	0	123	0	300,496	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	20,164	1,722,604	0	6,976,475	0	90.00	
91.00 09100 EMERGENCY	32,118	5,495,439	0	9,015,697	22,614	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	592,779	94,711,629	-53,621,105	187,438,700	310,792	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	245,070	45,695,158	0	79,355,247	1,142	192.00	
192.01 19201 HEALTH TRACKS	12,425	3,239,995	0	5,099,433	0	192.01	
194.00 07950 PRIMARY CARE CLINIC	14,475	975,559	0	2,947,917	0	194.00	
194.01 07951 PARTNERS IN CARE	775	0	0	25,626	0	194.01	
194.02 07952 OCCUPATIONAL MEDICINE	4,733	291,360	0	1,129,443	0	194.02	
194.03 07953 FOUNDATION	483	166,892	0	236,406	0	194.03	
194.04 07954 SCHOOL & TOWN CLINICS	1,148	1,540,945	0	2,588,237	0	194.04	
194.05 07955 MANAGED FACILITY	0	334,624	0	712,116	0	194.05	
194.06 07956 RENTAL PROPERTIES	0	0	0	138,143	0	194.06	
194.07 07957 SNF NON CERTIFIED	13,220	1,399,493	0	2,265,459	13,220	194.07	
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)	25,628,217	30,607,684		53,621,105	17,986,619	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.954904	0.206313		0.190188	55.317231	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		193,621		1,497,527	3,353,369	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
205.00 Unit cost multiplier (Wkst. B, Part II)		0.001305		0.005312	10.313172	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: 15-0005

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

Worksheet B-1
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,227,497				8.00
9.00	00900	HOUSEKEEPING	0	2,642			9.00
10.00	01000	DIETARY	0	27	24,721		10.00
11.00	01100	CAFETERIA	0	0	0	1,827,724	11.00
13.00	01300	NURSING ADMINISTRATION	0	9	0	92,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	379	28	0	39,135	14.00
15.00	01500	PHARMACY	1,599	6	0	58,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13	0	33,801	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	57,836	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	329,825	1,240	17,493	293,856	30.00
31.00	03100	INTENSIVE CARE UNIT	46,056	192	2,371	58,626	31.00
43.00	04300	NURSERY	17,479	4	2,887	24,317	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,090	101	0	80,965	50.00
50.01	05001	ENDOSCOPY	45,130	38	0	27,904	50.01
51.00	05100	RECOVERY ROOM	91,587	18	0	35,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,470	50	0	75,867	52.00
53.00	05300	ANESTHESIOLOGY	0	2	0	41,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,552	112	0	168,646	54.00
54.01	05401	RADIATION-ONCOLOGY	8,466	40	0	39,446	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	3	0	5,265	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,797	59.00
60.00	06000	LABORATORY	147	76	0	122,646	60.00
64.00	06400	INTRAVENOUS THERAPY	4,965	3	0	21,584	64.00
65.00	06500	RESPIRATORY THERAPY	0	5	0	70,280	65.00
66.00	06600	PHYSICAL THERAPY	83,431	144	0	179,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15	0	13,489	67.00
68.00	06800	SPEECH PATHOLOGY	0	3	0	7,550	68.00
69.00	06900	ELECTROCARDIOLOGY	19,747	16	0	40,801	69.00
69.01	06901	CARDIAC REHAB	428	7	0	17,538	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,034	14	0	4,578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	3	0	14,084	73.01
74.00	07400	RENAL DIALYSIS	151	4	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	79,396	58	0	0	90.00
91.00	09100	EMERGENCY	159,420	119	0	151,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,171,352	2,351	22,751	1,795,235	1,104,619
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,373	214	0	0	192.00
192.01	19201	HEALTH TRACKS	7,255	44	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	614	9	0	0	194.00
194.01	07951	PARTNERS IN CARE	799	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	2,161	21	0	0	194.02
194.03	07953	FOUNDATION	0	1	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	452	2	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	10,491	0	1,970	32,489	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,421,439	5,436,032	2,578,082	2,302,545	7,813,928
203.00		Unit cost multiplier (Wkst. B, Part I)	1.157998	2,057.544285	104.287124	1.259788	6.871755
204.00		Cost to be allocated (per Wkst. B, Part II)	282,312	194,631	667,829	128,245	384,651
205.00		Unit cost multiplier (Wkst. B, Part II)	0.229990	73.668055	27.014643	0.070167	0.338271

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
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: 15-0005

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

Worksheet B-1

Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	100				14.00
15.00	01500	0	100			15.00
16.00	01600	0	0	442,035,979		16.00
17.00	01700	0	0	0	20,575	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	31,118,840	13,439	30.00
31.00	03100	0	0	10,148,759	1,821	31.00
43.00	04300	0	0	7,632,251	0	43.00
44.00	04400	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	100	0	80,632,489	3,308	50.00
50.01	05001	0	0	14,296,150	0	50.01
51.00	05100	0	0	12,787,408	0	51.00
52.00	05200	0	0	18,235,140	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	20,768,461	0	54.00
54.01	05401	0	0	30,717,923	0	54.01
56.00	05600	0	0	0	0	56.00
56.01	05601	0	0	0	0	56.01
59.00	05900	0	0	23,955,781	0	59.00
60.00	06000	0	0	59,860,108	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	18,526,807	0	65.00
66.00	06600	0	0	12,380,597	0	66.00
67.00	06700	0	0	1,885,928	0	67.00
68.00	06800	0	0	1,607,248	0	68.00
69.00	06900	0	0	9,606,457	0	69.00
69.01	06901	0	0	1,758,207	0	69.01
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
73.01	07301	0	0	0	0	73.01
74.00	07400	0	0	527,724	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
91.00	09100	0	0	85,589,701	2,007	91.00
92.00	09200	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00		100	100	442,035,979	20,575	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05
194.06	07956	0	0	0	0	194.06
194.07	07957	0	0	0	0	194.07
200.00						200.00
201.00						201.00
202.00		3,980,386	4,374,714	2,857,900	3,378,507	202.00
203.00		39,803.860000	43,747.140000	0.006465	164.204471	203.00
204.00		647,840	372,424	260,785	132,854	204.00
205.00		6,478.400000	3,724.240000	0.000590	6.457060	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0005			Period: From 01/01/2019 To 12/31/2019		Worksheet B-1 Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)			
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	14.00	15.00	16.00	17.00		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: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	32,810,804		32,810,804	16,235	32,827,039	30.00
31.00 03100 INTENSIVE CARE UNIT	6,142,674		6,142,674	0	6,142,674	31.00
43.00 04300 NURSERY	2,424,974		2,424,974	0	2,424,974	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	19,942,644		19,942,644	17,209	19,959,853	50.00
50.01 05001 ENDOSCOPY	3,797,073		3,797,073	0	3,797,073	50.01
51.00 05100 RECOVERY ROOM	5,444,192		5,444,192	0	5,444,192	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,828,823		6,828,823	0	6,828,823	52.00
53.00 05300 ANESTHESIOLOGY	3,095,542		3,095,542	0	3,095,542	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,635,793		15,635,793	0	15,635,793	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	30,866,724		30,866,724	0	30,866,724	54.01
56.00 05600 RADIOISOTOPE	0		0	0	0	56.00
56.01 05601 NUCLEAR MEDICINE	570,523		570,523	0	570,523	56.01
59.00 05900 CARDIAC CATHETERIZATION	2,343,252		2,343,252	0	2,343,252	59.00
60.00 06000 LABORATORY	12,924,741		12,924,741	0	12,924,741	60.00
64.00 06400 INTRAVENOUS THERAPY	2,228,091		2,228,091	0	2,228,091	64.00
65.00 06500 RESPIRATORY THERAPY	6,232,298	0	6,232,298	0	6,232,298	65.00
66.00 06600 PHYSICAL THERAPY	13,008,797	0	13,008,797	0	13,008,797	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,110,207	0	1,110,207	0	1,110,207	67.00
68.00 06800 SPEECH PATHOLOGY	704,055	0	704,055	0	704,055	68.00
69.00 06900 ELECTROCARDIOLOGY	2,372,669		2,372,669	0	2,372,669	69.00
69.01 06901 CARDIAC REHAB	1,512,643		1,512,643	0	1,512,643	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	494,488		494,488	0	494,488	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	10,089,839		10,089,839	0	10,089,839	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,148,875		16,148,875	0	16,148,875	73.00
73.01 07301 ULTRA SOUND	1,021,050		1,021,050	0	1,021,050	73.01
74.00 07400 RENAL DIALYSIS	369,464		369,464	0	369,464	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	8,514,595		8,514,595	0	8,514,595	90.00
91.00 09100 EMERGENCY	14,524,603		14,524,603	291,557	14,816,160	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,638,430		5,638,430		5,638,430	92.00
200.00 Subtotal (see instructions)	226,797,863	0	226,797,863	325,001	227,122,864	200.00
201.00 Less Observation Beds	5,638,430		5,638,430		5,638,430	201.00
202.00 Total (see instructions)	221,159,433	0	221,159,433	325,001	221,484,434	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,830,253		33,830,253	30.00
31.00	03100	INTENSIVE CARE UNIT	9,637,177		9,637,177	31.00
43.00	04300	NURSERY	7,632,251		7,632,251	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,917,814	43,697,729	67,615,543	50.00
50.01	05001	ENDOSCOPY	920,446	13,193,587	14,114,033	50.01
51.00	05100	RECOVERY ROOM	3,517,761	9,269,647	12,787,408	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,823,216	411,924	18,235,140	52.00
53.00	05300	ANESTHESIOLOGY	6,082,669	11,167,459	17,250,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,591,423	70,018,564	81,609,987	54.00
54.01	05401	RADIATION-ONCOLOGY	474,990	92,896,538	93,371,528	54.01
56.00	05600	RADIOISOTOPE	0	1	1	56.00
56.01	05601	NUCLEAR MEDICINE	633,567	6,638,436	7,272,003	56.01
59.00	05900	CARDIAC CATHETERIZATION	9,208,697	11,207,323	20,416,020	59.00
60.00	06000	LABORATORY	14,470,663	53,596,277	68,066,940	60.00
64.00	06400	INTRAVENOUS THERAPY	94,909	10,986,994	11,081,903	64.00
65.00	06500	RESPIRATORY THERAPY	8,518,305	10,625,721	19,144,026	65.00
66.00	06600	PHYSICAL THERAPY	2,292,071	21,323,562	23,615,633	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,181,085	1,458,597	2,639,682	67.00
68.00	06800	SPEECH PATHOLOGY	463,466	1,682,083	2,145,549	68.00
69.00	06900	ELECTROCARDIOLOGY	4,594,978	13,263,283	17,858,261	69.00
69.01	06901	CARDIAC REHAB	35,236	3,149,759	3,184,995	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	298,132	479,548	777,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,688,790	5,816,342	19,505,132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,985,469	21,099,823	35,085,292	73.00
73.01	07301	ULTRA SOUND	1,859,273	8,442,739	10,302,012	73.01
74.00	07400	RENAL DIALYSIS	462,532	65,192	527,724	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32,687	42,524,420	42,557,107	90.00
91.00	09100	EMERGENCY	20,238,461	90,871,136	111,109,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,061,629	3,550,637	4,612,266	92.00
200.00		Subtotal (see instructions)	208,547,950	547,437,321	755,985,271	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	208,547,950	547,437,321	755,985,271	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.295196		50.00
50.01	05001 ENDOSCOPY	0.269028		50.01
51.00	05100 RECOVERY ROOM	0.425746		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.374487		52.00
53.00	05300 ANESTHESIOLOGY	0.179450		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191592		54.00
54.01	05401 RADIATION-ONCOLOGY	0.330580		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.078455		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.114775		59.00
60.00	06000 LABORATORY	0.189883		60.00
64.00	06400 INTRAVENOUS THERAPY	0.201057		64.00
65.00	06500 RESPIRATORY THERAPY	0.325548		65.00
66.00	06600 PHYSICAL THERAPY	0.550855		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420584		67.00
68.00	06800 SPEECH PATHOLOGY	0.328147		68.00
69.00	06900 ELECTROCARDIOLOGY	0.132861		69.00
69.01	06901 CARDIAC REHAB	0.474928		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.635850		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.517292		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.460275		73.00
73.01	07301 ULTRA SOUND	0.099112		73.01
74.00	07400 RENAL DIALYSIS	0.700108		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.200075		90.00
91.00	09100 EMERGENCY	0.133347		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.222486		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

		Title XIX		Hospital		Cost	
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	32,810,804		32,810,804	16,235	32,827,039	30.00
31.00	03100 INTENSIVE CARE UNIT	6,142,674		6,142,674	0	6,142,674	31.00
43.00	04300 NURSERY	2,424,974		2,424,974	0	2,424,974	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,942,644		19,942,644	17,209	19,959,853	50.00
50.01	05001 ENDOSCOPY	3,797,073		3,797,073	0	3,797,073	50.01
51.00	05100 RECOVERY ROOM	5,444,192		5,444,192	0	5,444,192	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,828,823		6,828,823	0	6,828,823	52.00
53.00	05300 ANESTHESIOLOGY	3,095,542		3,095,542	0	3,095,542	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,635,793		15,635,793	0	15,635,793	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	30,866,724		30,866,724	0	30,866,724	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	570,523		570,523	0	570,523	56.01
59.00	05900 CARDIAC CATHETERIZATION	2,343,252		2,343,252	0	2,343,252	59.00
60.00	06000 LABORATORY	12,924,741		12,924,741	0	12,924,741	60.00
64.00	06400 INTRAVENOUS THERAPY	2,228,091		2,228,091	0	2,228,091	64.00
65.00	06500 RESPIRATORY THERAPY	6,232,298	0	6,232,298	0	6,232,298	65.00
66.00	06600 PHYSICAL THERAPY	13,008,797	0	13,008,797	0	13,008,797	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,110,207	0	1,110,207	0	1,110,207	67.00
68.00	06800 SPEECH PATHOLOGY	704,055	0	704,055	0	704,055	68.00
69.00	06900 ELECTROCARDIOLOGY	2,372,669		2,372,669	0	2,372,669	69.00
69.01	06901 CARDIAC REHAB	1,512,643		1,512,643	0	1,512,643	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	494,488		494,488	0	494,488	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,089,839		10,089,839	0	10,089,839	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,148,875		16,148,875	0	16,148,875	73.00
73.01	07301 ULTRA SOUND	1,021,050		1,021,050	0	1,021,050	73.01
74.00	07400 RENAL DIALYSIS	369,464		369,464	0	369,464	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,514,595		8,514,595	0	8,514,595	90.00
91.00	09100 EMERGENCY	14,524,603		14,524,603	291,557	14,816,160	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,638,430		5,638,430		5,638,430	92.00
200.00	Subtotal (see instructions)	226,797,863	0	226,797,863	325,001	227,122,864	200.00
201.00	Less Observation Beds	5,638,430		5,638,430		5,638,430	201.00
202.00	Total (see instructions)	221,159,433	0	221,159,433	325,001	221,484,434	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/21/2020 4:19 pm
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		Title XIX			Hospital	Cost	
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	33,830,253		33,830,253			30.00
31.00	03100 INTENSIVE CARE UNIT	9,637,177		9,637,177			31.00
43.00	04300 NURSERY	7,632,251		7,632,251			43.00
44.00	04400 SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,917,814	43,697,729	67,615,543	0.294942	0.000000	50.00
50.01	05001 ENDOSCOPY	920,446	13,193,587	14,114,033	0.269028	0.000000	50.01
51.00	05100 RECOVERY ROOM	3,517,761	9,269,647	12,787,408	0.425746	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	17,823,216	411,924	18,235,140	0.374487	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	6,082,669	11,167,459	17,250,128	0.179450	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,591,423	70,018,564	81,609,987	0.191592	0.000000	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	474,990	92,896,538	93,371,528	0.330580	0.000000	54.01
56.00	05600 RADIOISOTOPE	0	1	1	0.000000	0.000000	56.00
56.01	05601 NUCLEAR MEDICINE	633,567	6,638,436	7,272,003	0.078455	0.000000	56.01
59.00	05900 CARDIAC CATHETERIZATION	9,208,697	11,207,323	20,416,020	0.114775	0.000000	59.00
60.00	06000 LABORATORY	14,470,663	53,596,277	68,066,940	0.189883	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	94,909	10,986,994	11,081,903	0.201057	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	8,518,305	10,625,721	19,144,026	0.325548	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	2,292,071	21,323,562	23,615,633	0.550855	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,181,085	1,458,597	2,639,682	0.420584	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	463,466	1,682,083	2,145,549	0.328147	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	4,594,978	13,263,283	17,858,261	0.132861	0.000000	69.00
69.01	06901 CARDIAC REHAB	35,236	3,149,759	3,184,995	0.474928	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	298,132	479,548	777,680	0.635850	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,688,790	5,816,342	19,505,132	0.517292	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,985,469	21,099,823	35,085,292	0.460275	0.000000	73.00
73.01	07301 ULTRA SOUND	1,859,273	8,442,739	10,302,012	0.099112	0.000000	73.01
74.00	07400 RENAL DIALYSIS	462,532	65,192	527,724	0.700108	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	32,687	42,524,420	42,557,107	0.200075	0.000000	90.00
91.00	09100 EMERGENCY	20,238,461	90,871,136	111,109,597	0.130723	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,061,629	3,550,637	4,612,266	1.222486	0.000000	92.00
200.00	Subtotal (see instructions)	208,547,950	547,437,321	755,985,271			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	208,547,950	547,437,321	755,985,271			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/21/2020 4:19 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.000000		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 7/21/2020 4:19 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,900,361	0	3,900,361	20,377	191.41	30.00
31.00	INTENSIVE CARE UNIT	497,673		497,673	2,371	209.90	31.00
43.00	NURSERY	171,469		171,469	2,887	59.39	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	4,569,503		4,569,503	25,635		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,755	1,292,975				
31.00	INTENSIVE CARE UNIT	1,137	238,656				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	7,892	1,531,631				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/21/2020 4:19 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,718,367	67,615,543	0.025414	10,598,505	269,350	50.00
50.01	05001	ENDOSCOPY	655,964	14,114,033	0.046476	324,918	15,101	50.01
51.00	05100	RECOVERY ROOM	1,138,151	12,787,408	0.089006	1,488,749	132,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	311,744	18,235,140	0.017096	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,182	17,250,128	0.002155	2,274,956	4,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317,595	81,609,987	0.016145	5,158,706	83,287	54.00
54.01	05401	RADIATION-ONCOLOGY	733,889	93,371,528	0.007860	151,098	1,188	54.01
56.00	05600	RADIOISOTOPE	0	1	0.000000	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	23,920	7,272,003	0.003289	322,887	1,062	56.01
59.00	05900	CARDIAC CATHETERIZATION	402,896	20,416,020	0.019734	3,741,471	73,834	59.00
60.00	06000	LABORATORY	535,161	68,066,940	0.007862	5,727,339	45,028	60.00
64.00	06400	INTRAVENOUS THERAPY	143,720	11,081,903	0.012969	334	4	64.00
65.00	06500	RESPIRATORY THERAPY	539,224	19,144,026	0.028167	3,743,233	105,436	65.00
66.00	06600	PHYSICAL THERAPY	892,899	23,615,633	0.037810	1,166,338	44,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	188,114	2,639,682	0.071264	602,015	42,902	67.00
68.00	06800	SPEECH PATHOLOGY	97,789	2,145,549	0.045578	250,782	11,430	68.00
69.00	06900	ELECTROCARDIOLOGY	201,187	17,858,261	0.011266	2,222,614	25,040	69.00
69.01	06901	CARDIAC REHAB	187,285	3,184,995	0.058802	11,814	695	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	108,475	777,680	0.139485	158,479	22,105	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	45,033	19,505,132	0.002309	6,124,839	14,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	424,974	35,085,292	0.012113	6,029,753	73,038	73.00
73.01	07301	ULTRA SOUND	33,079	10,302,012	0.003211	743,686	2,388	73.01
74.00	07400	RENAL DIALYSIS	2,237	527,724	0.004239	236,351	1,002	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	645,687	42,557,107	0.015172	0	0	90.00
91.00	09100	EMERGENCY	1,388,952	111,109,597	0.012501	9,745,672	121,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	669,930	4,612,266	0.145250	586,850	85,240	92.00
200.00		Total (lines 50 through 199)	12,443,454	704,885,590		61,411,389	1,175,613	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 7/21/2020 4:19 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	20,377	0.00	6,755	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,371	0.00	1,137	31.00	
43.00	04300	NURSERY		0	2,887	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		0	25,635		7,892	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
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0005

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

Worksheet D
Part IV
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		Title XVIII					Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01	
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	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/21/2020 4:19 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	67,615,543	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	14,114,033	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	12,787,408	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	18,235,140	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,250,128	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	81,609,987	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	93,371,528	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	1	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	0	7,272,003	0.000000	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,416,020	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,066,940	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,081,903	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,144,026	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	23,615,633	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,639,682	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,145,549	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	17,858,261	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	3,184,995	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	777,680	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	19,505,132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	35,085,292	0.000000	73.00
73.01	07301	ULTRA SOUND	0	0	0	10,302,012	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	527,724	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	42,557,107	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	111,109,597	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,612,266	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	704,885,590		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/21/2020 4:19 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	10,598,505	0	7,157,020	0	50.00
50.01	05001 ENDOSCOPY	0.000000	324,918	0	4,615,692	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	1,488,749	0	1,591,455	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	2,926	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,274,956	0	2,184,830	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,158,706	0	14,741,915	0	54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000	151,098	0	28,022,245	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.000000	322,887	0	2,029,499	0	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,741,471	0	3,075,402	0	59.00
60.00	06000 LABORATORY	0.000000	5,727,339	0	4,301,169	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	334	0	3,374,307	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,743,233	0	2,927,713	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,166,338	0	2,417,289	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	602,015	0	5,688	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	250,782	0	11,185	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,222,614	0	3,303,961	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	11,814	0	1,444,911	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	158,479	0	2,101	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	6,124,839	0	1,297,854	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,029,753	0	8,578,784	0	73.00
73.01	07301 ULTRA SOUND	0.000000	743,686	0	1,630,943	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	236,351	0	21,586	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	8,066,102	0	90.00
91.00	09100 EMERGENCY	0.000000	9,745,672	0	15,852,720	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	586,850	0	1,077,974	0	92.00
200.00	Total (lines 50 through 199)		61,411,389	0	117,735,271	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.294942	7,157,020	0	454	2,110,906
50.01 05001 ENDOSCOPY	0.269028	4,615,692	0	19	1,241,750
51.00 05100 RECOVERY ROOM	0.425746	1,591,455	0	0	677,556
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.374487	2,926	0	0	1,096
53.00 05300 ANESTHESIOLOGY	0.179450	2,184,830	0	0	392,068
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.191592	14,741,915	0	0	2,824,433
54.01 05401 RADIOLOGY-ONCOLOGY	0.330580	28,022,245	0	76,747	9,263,594
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 NUCLEAR MEDICINE	0.078455	2,029,499	0	0	159,224
59.00 05900 CARDIAC CATHETERIZATION	0.114775	3,075,402	0	0	352,979
60.00 06000 LABORATORY	0.189883	4,301,169	1,328	0	816,719
64.00 06400 INTRAVENOUS THERAPY	0.201057	3,374,307	0	0	678,428
65.00 06500 RESPIRATORY THERAPY	0.325548	2,927,713	0	0	953,111
66.00 06600 PHYSICAL THERAPY	0.550855	2,417,289	0	718	1,331,576
67.00 06700 OCCUPATIONAL THERAPY	0.420584	5,688	0	0	2,392
68.00 06800 SPEECH PATHOLOGY	0.328147	11,185	0	0	3,670
69.00 06900 ELECTROCARDIOLOGY	0.132861	3,303,961	0	0	438,968
69.01 06901 CARDIAC REHAB	0.474928	1,444,911	0	0	686,229
70.00 07000 ELECTROENCEPHALOGRAPHY	0.635850	2,101	0	0	1,336
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.517292	1,297,854	0	0	671,369
73.00 07300 DRUGS CHARGED TO PATIENTS	0.460275	8,578,784	0	39,129	3,948,600
73.01 07301 ULTRASOUND	0.099112	1,630,943	0	0	161,646
74.00 07400 RENAL DIALYSIS	0.700108	21,586	0	0	15,113
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.200075	8,066,102	0	47	1,613,825
91.00 09100 EMERGENCY	0.130723	15,852,720	0	77	2,072,315
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.222486	1,077,974	0	0	1,317,808
200.00 Subtotal (see instructions)		117,735,271	1,328	117,191	31,736,711
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		117,735,271	1,328	117,191	31,736,711

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/21/2020 4:19 pm
	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	134		50.00
50.01 05001 ENDOSCOPY	0	5		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIATION-ONCOLOGY	0	25,371		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 NUCLEAR MEDICINE	0	0		56.01
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	252	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	396		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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,010		73.00
73.01 07301 ULTRASOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	9		90.00
91.00 09100 EMERGENCY	0	10		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	252	43,935		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	252	43,935		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/21/2020 4:19 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,377	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,377	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)		16,877	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,755	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)		32,827,039	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)		32,827,039	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)		32,827,039	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)		1,610.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,882,170	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)		10,882,170	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/21/2020 4:19 pm	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	6,142,674	2,371	2,590.75	1,137	2,945,683	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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,636,866	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,464,719	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)					1,531,631	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,175,613	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,707,244	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,757,475	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)					3,500	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,610.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,638,430	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,900,361	32,827,039	0.118815	5,638,430	669,930	90.00
91.00	Nursing School cost	0	32,827,039	0.000000	5,638,430	0	91.00
92.00	Allied health cost	0	32,827,039	0.000000	5,638,430	0	92.00
93.00	All other Medical Education	0	32,827,039	0.000000	5,638,430	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/21/2020 4:19 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,377	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,377	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)		16,877	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)		532	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,887	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)		32,810,804	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)		32,810,804	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)		32,810,804	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)		1,610.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		856,621	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)		856,621	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	2,424,974	2,887	839.96	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,142,674	2,371	2,590.75	0	0	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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					540,961	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,397,582	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					3,500	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,610.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,635,665	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,900,361	32,810,804	0.118874	5,635,665	669,934	90.00
91.00	Nursing School cost	0	32,810,804	0.000000	5,635,665	0	91.00
92.00	Allied health cost	0	32,810,804	0.000000	5,635,665	0	92.00
93.00	All other Medical Education	0	32,810,804	0.000000	5,635,665	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		9,686,297		30.00
31.00	03100 INTENSIVE CARE UNIT		4,319,308		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.295196	10,598,505	3,128,636	50.00
50.01	05001 ENDOSCOPY	0.269028	324,918	87,412	50.01
51.00	05100 RECOVERY ROOM	0.425746	1,488,749	633,829	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.374487	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.179450	2,274,956	408,241	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191592	5,158,706	988,367	54.00
54.01	05401 RADIATION-ONCOLOGY	0.330580	151,098	49,950	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.078455	322,887	25,332	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.114775	3,741,471	429,427	59.00
60.00	06000 LABORATORY	0.189883	5,727,339	1,087,524	60.00
64.00	06400 INTRAVENOUS THERAPY	0.201057	334	67	64.00
65.00	06500 RESPIRATORY THERAPY	0.325548	3,743,233	1,218,602	65.00
66.00	06600 PHYSICAL THERAPY	0.550855	1,166,338	642,483	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420584	602,015	253,198	67.00
68.00	06800 SPEECH PATHOLOGY	0.328147	250,782	82,293	68.00
69.00	06900 ELECTROCARDIOLOGY	0.132861	2,222,614	295,299	69.00
69.01	06901 CARDIAC REHAB	0.474928	11,814	5,611	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.635850	158,479	100,769	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.517292	6,124,839	3,168,330	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.460275	6,029,753	2,775,345	73.00
73.01	07301 ULTRA SOUND	0.099112	743,686	73,708	73.01
74.00	07400 RENAL DIALYSIS	0.700108	236,351	165,471	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.200075	0	0	90.00
91.00	09100 EMERGENCY	0.133347	9,745,672	1,299,556	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.222486	586,850	717,416	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		61,411,389	17,636,866	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		61,411,389		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/21/2020 4:19 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		1,955,905	30.00
31.00	03100	INTENSIVE CARE UNIT		170,474	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.294942	287,905	50.00
50.01	05001	ENDOSCOPY	0.269028	10,691	50.01
51.00	05100	RECOVERY ROOM	0.425746	34,404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.374487	1,431	52.00
53.00	05300	ANESTHESIOLOGY	0.179450	86,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191592	187,739	54.00
54.01	05401	RADIATION-ONCOLOGY	0.330580	29,675	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	NUCLEAR MEDICINE	0.078455	13,584	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.114775	0	59.00
60.00	06000	LABORATORY	0.189883	372,139	60.00
64.00	06400	INTRAVENOUS THERAPY	0.201057	1,063	64.00
65.00	06500	RESPIRATORY THERAPY	0.325548	173,511	65.00
66.00	06600	PHYSICAL THERAPY	0.550855	20,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.420584	7,990	67.00
68.00	06800	SPEECH PATHOLOGY	0.328147	4,773	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132861	271,729	69.00
69.01	06901	CARDIAC REHAB	0.474928	1,158	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.635850	10,703	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.517292	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.460275	283,215	73.00
73.01	07301	ULTRA SOUND	0.099112	39,194	73.01
74.00	07400	RENAL DIALYSIS	0.700108	10,633	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.200075	0	90.00
91.00	09100	EMERGENCY	0.130723	356,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.222486	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,205,824	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,205,824	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/21/2020 4:19 pm
		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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,962,077	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		690,488	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)		123.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.49	31.00
32.00	Sum of lines 30 and 31		17.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.14	33.00
34.00	Disproportionate share adjustment (see instructions)		206,608	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000174211	0.000205375	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,441,225	1,715,008	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,077,957	431,095	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,509,052		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	22,368,225		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)		22,368,225	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,751,480	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		0	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)		24,119,705	59.00
60.00	Primary payer payments		2,774	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,116,931	61.00
62.00	Deductibles billed to program beneficiaries		2,267,756	62.00
63.00	Coinurance billed to program beneficiaries		4,768	63.00
64.00	Allowable bad debts (see instructions)		83,008	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		53,955	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		28,451	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,898,362	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)		162,393	70.93
70.94	HRR adjustment amount (see instructions)		-79,971	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/21/2020 4:19 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			21,980,784	71.00
71.01	Sequestration adjustment (see instructions)			439,616	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			21,780,709	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-239,541	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			202,153	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	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. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/21/2020 4:19 pm

		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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,962,077	0	0	19,962,077	19,962,077	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	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	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	0	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	690,488	0	0	690,488	690,488	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	0.0414	0.0414	0.0414	0.0414		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,608	0	0	206,608	206,608	11.00
11.01	Uncompensated care payments	36.00	1,509,052	0	1,077,957	431,095	1,509,052	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	22,368,225	0	1,077,957	21,290,268	22,368,225	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	22,368,225	0	1,077,957	21,290,268	22,368,225	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	1,751,480	0	0	1,751,480	1,751,480	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/21/2020 4:19 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	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	1,077,957	23,041,748	24,119,705	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	1,615,805	0	0	1,615,805	1,615,805	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	77,344	0	0	77,344	77,344	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	0.0361	0.0361	0.0361	0.0361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	58,331	0	0	58,331	58,331	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,751,480	0	0	1,751,480	1,751,480	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: 15-0005		Period: From 01/01/2019 To 12/31/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/21/2020 4:19 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	19,962,077		19,962,077	19,962,077	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	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	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	690,488		690,488	690,488	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	0.0414	0.0414	0.0414		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,608	0	206,608	206,608	11.00
11.01	Uncompensated care payments	36.00	1,509,052	1,077,957	431,095	1,509,052	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	22,368,225	1,077,957	21,290,268	22,368,225	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	22,368,225	1,077,957	21,290,268	22,368,225	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,751,480	0	1,751,480	1,751,480	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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			1,077,957	23,041,748	24,119,705	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/21/2020 4:19 pm
		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	1,615,805	0	1,615,805	1,615,805	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	77,344	0	77,344	77,344	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	0.0361	0.0361	0.0361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	58,331	0	58,331	58,331	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,751,480	0	1,751,480	1,751,480	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	162,393	0	162,393	162,393	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	-79,971	0	-79,971	-79,971	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: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		44,187	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,736,711	2.00
3.00	OPPS payments		22,175,983	3.00
4.00	Outlier payment (see instructions)		172,178	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)		44,187	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		118,519	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)		118,519	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)		118,519	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		74,332	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)		44,187	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)		22,348,161	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)		4,242,596	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)		18,149,752	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)		18,149,752	30.00
31.00	Primary payer payments		2,101	31.00
32.00	Subtotal (line 30 minus line 31)		18,147,651	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)		308,191	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		200,324	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		203,283	36.00
37.00	Subtotal (see instructions)		18,347,975	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-64	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)		18,348,039	40.00
40.01	Sequestration adjustment (see instructions)		366,961	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		17,892,754	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)		88,324	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: 15-0005

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

Worksheet E-1
Part I
Date/Time Prepared:
7/21/2020 4:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,670,826		17,772,173	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	12/31/2019	109,883	12/31/2019	120,581	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)		109,883		120,581	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)		21,780,709		17,892,754	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		88,324	6.01	
6.02	SETTLEMENT TO PROGRAM		239,541		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,541,168		17,981,078	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		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/21/2020 4:19 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,397,582		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,397,582	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,397,582	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		2,205,824	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,205,824	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,205,824	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		808,242	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,397,582	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,397,582	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,397,582	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,397,582	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,397,582	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,397,582	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		1,397,582	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0005

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

Worksheet G
Date/Time Prepared:
7/21/2020 4:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,721,483	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	35,907,383	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,871,806	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	52,493,877	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)	94,994,549	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,692,970	0	0	0	12.00
13.00	Land improvements	9,993,537	0	0	0	13.00
14.00	Accumulated depreciation	-6,784,637	0	0	0	14.00
15.00	Buildings	171,025,955	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	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	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	137,998,826	0	0	0	23.00
24.00	Accumulated depreciation	-73,025,222	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)	258,901,429	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	229,483,367	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	11,590,101	0	0	0	33.00
34.00	Other assets	26,030,668	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	267,104,136	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	621,000,114	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,605,509	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,116,877	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	33,290,099	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	19,173,452	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	87,185,937	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	118,001,768	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	11,449,046	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	129,450,814	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	216,636,751	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	404,363,363	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	404,363,363	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	621,000,114	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:
7/21/2020 4:19 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		407,727,200		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,363,837			2.00
3.00	Total (sum of line 1 and line 2)		404,363,363		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		404,363,363		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		404,363,363		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0005

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/21/2020 4:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	41,462,504		41,462,504	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	0		0	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)	41,462,504		41,462,504	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,637,177		9,637,177	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	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,637,177		9,637,177	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,099,681		51,099,681	17.00
18.00	Ancillary services	136,115,493	410,491,126	546,606,619	18.00
19.00	Outpatient services	21,332,777	136,946,194	158,278,971	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	1,241,624	95,917,467	97,159,091	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	209,789,575	643,354,787	853,144,362	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		371,875,993		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)		371,875,993		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:
7/21/2020 4:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	853,144,362	1.00
2.00	Less contractual allowances and discounts on patients' accounts	528,891,726	2.00
3.00	Net patient revenues (line 1 minus line 2)	324,252,636	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	371,875,993	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-47,623,357	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	32,568,390	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	OTHER REVENUE	11,691,125	24.00
24.01	ADJUSTING AMOUNTS	5	24.01
25.00	Total other income (sum of lines 6-24)	44,259,520	25.00
26.00	Total (line 5 plus line 25)	-3,363,837	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)	-3,363,837	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/21/2020 4:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,615,805	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		77,344	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)		54.31	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.49	8.00
9.00	Sum of lines 7 and 8		17.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.61	10.00
11.00	Disproportionate share adjustment (see instructions)		58,331	11.00
12.00	Total prospective capital payments (see instructions)		1,751,480	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