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: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/25/2020 8:40 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 11/25/2020 Time: 8:40 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 ASCENSION ST. VINCENT ANDERSON (15-0088) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	719,052	191,329	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	42,013	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	761,065	191,329	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 11/25/2020 8:40 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2015 JACKSON STREET	PO Box:			1.00
2.00	City: ANDERSON	State: IN	Zip Code: 46016	County:	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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	ASCENSION ST. VINCENT ANDERSON	150088	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BENNETT REHAB CENTER	15T088	26900	5	06/01/1989	N	P	O	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)	07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)	1		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)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,844	472	3	10	6,093	18	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:40 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	122	83	0	0	302		25.00

		Urban/Rural S	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	XVIII	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.				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 adjustement? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:40 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:40 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:40 am

		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.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:40 am

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		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:	0	0	847,726	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)	Y	154046	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:40 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: ST VINCENT HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 250 WEST 96TH STREET , SUITE 2058	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46260	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.			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	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part II | Date/Time Prepared: 11/25/2020 8:40 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	10/08/2020	Y	10/08/2020	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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 8:40 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	KATHY		ZAMBOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-623-4573		KATHY.ZAMBOS@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 8:40 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LEAD ANALYST		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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I Date/Time Prepared: 11/25/2020 8:40 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	123	45,018	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)		123	45,018	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	21	7,686	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)		144	52,704	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	13	4,758		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		157				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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/25/2020 8:40 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,529	1,474	19,503			1.00
2.00	HMO and other (see instructions)	6,380	6,125				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	665	385				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,529	1,474	19,503			7.00
8.00	INTENSIVE CARE UNIT	4,126	266	5,924			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		557	783			13.00
14.00	Total (see instructions)	7,655	2,297	26,210	0.00	569.73	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,254	122	2,699	0.00	11.10	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			144			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	580.83	27.00
28.00	Observation Bed Days		0	1,796			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			142			30.00
31.00	Employee discount days - IRF			19			31.00
32.00	Labor & delivery days (see instructions)	0	18	139			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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 11/25/2020 8:40 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,539	365	5,190	1.00
2.00	HMO and other (see instructions)			1,033	1,516		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				12		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	1,539	365	5,190	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	112	33	232	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part II | Date/Time Prepared: 11/25/2020 8:40 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	39,970,314	0	39,970,314	1,173,991.33	34.05	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		50,275	0	50,275	418.96	120.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		6,905,114	0	6,905,114	59,846.64	115.38	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		128,506	0	128,506	3,154.42	40.74	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,492,670	-5,302	4,487,368	119,347.39	37.60	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,867,916	0	5,867,916	200,765.98	29.23	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,756,451	0	3,756,451	22,590.87	166.28	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		9,920,333	0	9,920,333	224,500.40	44.19	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,556,601	0	10,556,601			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,210,623	0	1,210,623			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		5,731	0	5,731			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		3,039,704	0	3,039,704			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part II Date/Time Prepared: 11/25/2020 8:40 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	825,940	0	825,940	417.52	1,978.20	26.00
27.00	Administrative & General	5.00	2,910,367	-1,019,576	1,890,791	60,854.70	31.07	27.00
28.00	Administrative & General under contract (see inst.)		2,008,403	0	2,008,403	20,415.86	98.37	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,043,915	0	2,043,915	88,588.86	23.07	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		605,770	0	605,770	23,809.96	25.44	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,701,026	102,132	1,803,158	45,437.52	39.68	38.00
39.00	Central Services and Supply	14.00	391,025	31,435	422,460	21,393.56	19.75	39.00
40.00	Pharmacy	15.00	2,664,828	5,796	2,670,624	59,992.51	44.52	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part III Date/Time Prepared: 11/25/2020 8:40 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		37,594,782	0	37,594,782	1,243,804.95	30.23	1.00
2.00	Excluded area salaries (see instructions)		4,492,670	-5,302	4,487,368	119,347.39	37.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)		33,102,112	5,302	33,107,414	1,124,457.56	29.44	3.00
4.00	Subtotal other wages & related costs (see inst.)		19,544,700	0	19,544,700	447,857.25	43.64	4.00
5.00	Subtotal wage-related costs (see inst.)		13,602,036	0	13,602,036	0.00	41.08	5.00
6.00	Total (sum of lines 3 thru 5)		66,248,848	5,302	66,254,150	1,572,314.81	42.14	6.00
7.00	Total overhead cost (see instructions)		13,151,274	-880,213	12,271,061	320,910.49	38.24	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part IV Date/Time Prepared: 11/25/2020 8:40 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,474,794	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	324,958	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)	4,176,238	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,383,247	9.00
10.00	Dental, Hearing and Vision Plan	171,154	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	30,766	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	190,124	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	-176	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	2,841,229	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	19,233	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	37,749	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,649,316	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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-3 Part V Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	5,867,916	10,649,316	1.00
2.00	Hospital	5,867,916	10,649,316	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet S-10 | Date/Time Prepared: 11/25/2020 8:40 am

		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)	0.232903	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,199,909	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	143,980,028	6.00
7.00	Medicaid cost (line 1 times line 6)	33,533,380	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)	10,333,471	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)	10,333,471	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)	23,503,592	2,647,011	26,150,603	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,474,057	2,647,011	8,121,068	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)	5,474,057	2,647,011	8,121,068	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)	6,258,626	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	728,208	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,120,320	27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,138,306	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,588,839	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,709,907	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	20,043,378	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,353,287	3,353,287	-3,282	3,350,005	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB		0	0	0	0	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	825,940	8,124,867	8,950,807	43,201	8,994,008	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,910,367	53,452,667	56,363,034	-1,216,897	55,146,137	5.00
7.00	00700	OPERATION OF PLANT	0	5,474,006	5,474,006	260	5,474,266	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	536,098	536,098	345	536,443	8.00
9.00	00900	HOUSEKEEPING	0	2,535,401	2,535,401	35,669	2,571,070	9.00
10.00	01000	DIETARY	0	2,779,865	2,779,865	-1,928,312	851,553	10.00
11.00	01100	CAFETERIA	0	0	0	1,928,494	1,928,494	11.00
13.00	01300	NURSING ADMINISTRATION	1,701,026	766,330	2,467,356	102,132	2,569,488	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	391,025	149,268	540,293	31,435	571,728	14.00
15.00	01500	PHARMACY	2,664,828	346,832	3,011,660	5,796	3,017,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	918	918	0	918	16.00
23.00	02300	ALLIED HEALTH-EMS	163,613	15,298	178,911	-154,082	24,829	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	77,555	33,799	111,354	126,445	237,799	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,907,963	1,650,163	9,558,126	489,863	10,047,989	30.00
31.00	03100	INTENSIVE CARE UNIT	3,750,061	1,436,994	5,187,055	26,350	5,213,405	31.00
41.00	04100	SUBPROVIDER - IRF	939,255	204,924	1,144,179	10,334	1,154,513	41.00
43.00	04300	NURSERY	0	0	0	266,987	266,987	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	641,988	14,334,944	14,976,932	209,473	15,186,405	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,390,049	286,135	1,676,184	-583,208	1,092,976	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,544,793	1,014,342	2,559,135	-72,188	2,486,947	54.00
54.01	03440	MAMMOGRAPHY	186,387	256,856	443,243	38,934	482,177	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	226,479	638,888	865,367	27,670	893,037	54.02
54.03	03630	ULTRA SOUND	387,373	123,961	511,334	10,581	521,915	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	859,402	1,238,892	2,098,294	0	2,098,294	55.00
57.00	05700	CT SCAN	538,680	209,189	747,869	12,744	760,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	221,287	356,471	577,758	18,112	595,870	58.00
59.00	05900	CARDIAC CATHETERIZATION	904,776	332,437	1,237,213	53,795	1,291,008	59.00
60.00	06000	LABORATORY	0	6,533,721	6,533,721	760	6,534,481	60.00
65.00	06500	RESPIRATORY THERAPY	1,003,417	252,997	1,256,414	42,716	1,299,130	65.00
66.00	06600	PHYSICAL THERAPY	2,327,328	586,273	2,913,601	-825,890	2,087,711	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	795,095	795,095	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	245,676	245,676	68.00
69.00	06900	ELECTROCARDIOLOGY	99,060	62,703	161,763	5,801	167,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	195,774	325,361	521,135	12,597	533,732	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,490,288	3,490,288	168	3,490,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,047,482	4,047,482	0	4,047,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,106,387	18,106,387	0	18,106,387	73.00
76.00	03190	CHEMOTHERAPY	701,067	236,432	937,499	11,450	948,949	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	769,536	74,602	844,138	4,178	848,316	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,329,038	1,549,946	4,878,984	202,788	5,081,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,658,067	134,919,024	171,577,091	-24,010	171,553,081	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	76,183	33,706	109,889	0	109,889	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,189,326	364,657	2,553,983	7,015	2,560,998	192.00
194.00	07950	FOUNDATION	0	4	4	0	4	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	69,073	14,075	83,148	999	84,147	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	16,769	1,234	18,003	0	18,003	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	550	550	0	550	194.04
194.05	07955	HEALTHY FAMILIES	274,520	200,691	475,211	237	475,448	194.05
194.06	07956	DME-HOME CARE	0	59,807	59,807	0	59,807	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	1,024	1,024	0	1,024	194.08
194.09	07959	MOB	0	350	350	0	350	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	686,376	72,555	758,931	15,759	774,690	194.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	39,970,314	135,667,677	175,637,991	0	175,637,991	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-534,711	2,815,294		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-272,930	8,721,078		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,301,190	41,844,947		5.00
7.00	00700	OPERATION OF PLANT	-692,869	4,781,397		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-146	536,297		8.00
9.00	00900	HOUSEKEEPING	0	2,571,070		9.00
10.00	01000	DIETARY	-519,732	331,821		10.00
11.00	01100	CAFETERIA	0	1,928,494		11.00
13.00	01300	NURSING ADMINISTRATION	-165,889	2,403,599		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	571,728		14.00
15.00	01500	PHARMACY	-9,870	3,007,586		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,588	-25,670		16.00
23.00	02300	ALLIED HEALTH-EMS	-3,924	20,905		23.00
23.01	02301	ALLIED HEALTH-RAD TECH	-14,049	223,750		23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,605	10,046,384		30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,213,405		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,154,513		41.00
43.00	04300	NURSERY	0	266,987		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-242,742	14,943,663		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,964	1,090,012		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-231,422	2,255,525		54.00
54.01	03440	MAMMOGRAPHY	0	482,177		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	893,037		54.02
54.03	03630	ULTRA SOUND	0	521,915		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-24,391	2,073,903		55.00
57.00	05700	CT SCAN	-196	760,417		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-5,672	590,198		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,291,008		59.00
60.00	06000	LABORATORY	-89,840	6,444,641		60.00
65.00	06500	RESPIRATORY THERAPY	-14,628	1,284,502		65.00
66.00	06600	PHYSICAL THERAPY	-26,154	2,061,557		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	795,095		67.00
68.00	06800	SPEECH PATHOLOGY	0	245,676		68.00
69.00	06900	ELECTROCARDIOLOGY	-387	167,177		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	533,732		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,490,456		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,047,482		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,106,387		73.00
76.00	03190	CHEMOTHERAPY	0	948,949		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	-39,619	808,697		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	-874,269	4,207,503		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,095,787	154,457,294		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	109,889		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-34	2,560,964		192.00
194.00	07950	FOUNDATION	0	4		194.00
194.01	07951	CHILDRENS CLINIC	0	0		194.01
194.02	07952	PSS ADMINISTRATION	0	84,147		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	18,003		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	550		194.04
194.05	07955	HEALTHY FAMILIES	0	475,448		194.05
194.06	07956	DME-HOME CARE	0	59,807		194.06
194.07	07957	MARKETING	0	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	1,024		194.08
194.09	07959	MOB	0	350		194.09
194.10	07960	ASC	0	0		194.10
194.11	07961	MAB	0	0		194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	774,690		194.12
194.13	07962	IDLE SPACE	0	0		194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,095,821	158,542,170		200.00

RECLASSIFICATIONS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/25/2020 8:40 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	B - INSURANCE EXPENSE RECLASS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	570	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	570	
	C - INTEREST EXPENSE				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,927	1.00
	TOTALS		0	6,927	
	D - CAFETERIA/DIETARY RECLASS				
1.00	CAFETERIA	11.00	0	1,928,494	1.00
	TOTALS		0	1,928,494	
	E - LABOR DELIVERY RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	262,240	53,981	1.00
2.00	NURSERY	43.00	221,411	45,576	2.00
	TOTALS		483,651	99,557	
	H - PT_OT_ST RECLASS				
1.00	OCCUPATIONAL THERAPY	67.00	635,107	159,988	1.00
2.00	SPEECH PATHOLOGY	68.00	196,241	49,435	2.00
	TOTALS		831,348	209,423	
	J - ADOLESCENT RESIDENTIAL SERVICES				
1.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	0	12,009	1.00
	TOTALS		0	12,009	
	M - RAD TECH RECLASS				
1.00	ALLIED HEALTH-RAD TECH	23.01	126,445	0	1.00
	TOTALS		126,445	0	
	Q - PHYSICIAN RECLASS				
1.00	OPERATING ROOM	50.00	0	8,813	1.00
2.00	RESPIRATORY THERAPY	65.00	0	34,969	2.00
	TOTALS		0	43,782	
	R - SECURITY OFFICERS TO ED				
1.00	EMERGENCY	91.00	154,082	0	1.00
	TOTALS		154,082	0	
	S - PANDEMIC				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,075	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43,201	2.00
3.00	OPERATION OF PLANT	7.00	0	260	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	345	4.00
5.00	HOUSEKEEPING	9.00	0	35,669	5.00
6.00	DIETARY	10.00	0	182	6.00
7.00	NURSING ADMINISTRATION	13.00	102,132	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	31,435	0	8.00
9.00	PHARMACY	15.00	5,796	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	185,651	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	26,350	0	11.00
12.00	SUBPROVIDER - IRF	41.00	10,334	0	12.00
13.00	OPERATING ROOM	50.00	124,424	76,236	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	54,257	0	14.00
15.00	MAMMOGRAPHY	54.01	38,934	0	15.00
16.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	27,670	0	16.00
17.00	ULTRA SOUND	54.03	10,581	0	17.00
18.00	CT SCAN	57.00	12,744	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	18,112	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	53,795	0	20.00
21.00	LABORATORY	60.00	0	760	21.00
22.00	RESPIRATORY THERAPY	65.00	7,747	0	22.00
23.00	PHYSICAL THERAPY	66.00	214,881	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	5,801	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	12,597	0	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	168	26.00
27.00	CHEMOTHERAPY	76.00	11,450	0	27.00
28.00	ANDERSON OUTPATIENT CENTER	90.01	4,178	0	28.00
29.00	EMERGENCY	91.00	48,706	0	29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	7,015	0	30.00
31.00	PSS ADMINISTRATION	194.02	999	0	31.00
32.00	HEALTHY FAMILIES	194.05	237	0	32.00
33.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	3,750	0	33.00
	TOTALS		1,019,576	159,896	
500.00	Grand Total: Increases		2,615,102	2,460,658	500.00

RECLASSIFICATIONS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-6 | Date/Time Prepared: 11/25/2020 8:40 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - INSURANCE EXPENSE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	570	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	570			
	C - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,927	11		1.00
	TOTALS		0	6,927			
	D - CAFETERIA/DIETARY RECLASS						
1.00	DIETARY	10.00	0	1,928,494	0		1.00
	TOTALS		0	1,928,494			
	E - LABOR DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	483,651	99,557	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		483,651	99,557			
	H - PT_OT_ST RECLASS						
1.00	PHYSICAL THERAPY	66.00	831,348	209,423	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		831,348	209,423			
	J - ADOLESCENT RESIDENTIAL SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	12,009	0		1.00
	TOTALS		0	12,009			
	M - RAD TECH RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	126,445	0	0		1.00
	TOTALS		126,445	0			
	Q - PHYSICIAN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,813	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	34,969	0		2.00
	TOTALS		0	43,782			
	R - SECURITY OFFICERS TO ED						
1.00	ALLIED HEALTH-EMS	23.00	154,082	0	0		1.00
	TOTALS		154,082	0			
	S - PANDEMIC						
1.00		0.00	0	0	12		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	ADMINISTRATIVE & GENERAL	5.00	1,019,576	159,896	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
	TOTALS		1,019,576	159,896			
500.00	Grand Total: Decreases		2,615,102	2,460,658			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part I | Date/Time Prepared: 11/25/2020 8:40 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0	0	0	0	1.00
2.00	Land Improvements	1,608,459	143,906	0	143,906	0	2.00
3.00	Buildings and Fixtures	65,936,150	2,609,846	0	2,609,846	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	34,142,029	842,506	0	842,506	0	5.00
6.00	Movable Equipment	57,077,896	3,184,786	0	3,184,786	42,530	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	164,057,136	6,781,044	0	6,781,044	42,530	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	164,057,136	6,781,044	0	6,781,044	42,530	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,292,602	0	1.00
2.00	Land Improvements	1,752,365	0	2.00
3.00	Buildings and Fixtures	68,545,996	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	34,984,535	0	5.00
6.00	Movable Equipment	60,220,152	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	170,795,650	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	170,795,650	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part II | Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,799,028	0	554,259	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,799,028	0	554,259	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	3,353,287	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	1.01
3.00	Total (sum of lines 1-2)	0	3,353,287	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-7 Part III Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	164,057,136	0	164,057,136	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	164,057,136	0	164,057,136	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,788,486	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	2,788,486	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	23,163	3,645	0	0	2,815,294	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	23,163	3,645	0	0	2,815,294	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-517,242	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT-MAB (chapter 2)		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	1.01
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)	B	-55,594	ADMINISTRATIVE & GENERAL	5.00	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)	A	-16,988	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-6,421	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,357,836			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	4,868,112			0	12.00
13.00	Laundry and linen service	B	-146	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-519,732	DIETARY	10.00	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	B	-4,236	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-26,588	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT-MAB		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	26.01
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	LEASE INCOME	B	-680,536	OPERATION OF PLANT	7.00	0	33.00
33.01	DONATIONS	B	-47,690	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	UNCLAIMED PROPERTY	B	-62,938	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	33.03
33.04	FOUNDATION TRANSFER	B	-47,866	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	FOUNDATION TRANSFER	B	-1,996	NURSING ADMINISTRATION	13.00	0	33.05
33.06	FOUNDATION TRANSFER	B	-405	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	FOUNDATION TRANSFER	B	-2,764	DELIVERY ROOM & LABOR ROOM	52.00	0	33.07
33.08	FOUNDATION TRANSFER	B	-8,469	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	FOUNDATION TRANSFER	B	-417	ALLIED HEALTH-RAD TECH	23.01	0	33.09
33.10	OTHER MISCELLANEOUS REVENUE	B	-280	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	OTHER MISCELLANEOUS REVENUE	B	-801	ALLIED HEALTH-EMS	23.00	0	33.11
33.12	OTHER MISCELLANEOUS REVENUE	B	-2,230	ALLIED HEALTH-EMS	23.00	0	33.12
33.13	OTHER MISCELLANEOUS REVENUE	B	-10,045	ALLIED HEALTH-RAD TECH	23.01	0	33.13
33.14	OTHER MISCELLANEOUS REVENUE	B	-200	DELIVERY ROOM & LABOR ROOM	52.00	9	33.14
33.15	OTHER MISCELLANEOUS REVENUE	B	-1,746	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	OTHER MISCELLANEOUS REVENUE	B	-860	RADIOLOGY-THERAPEUTIC	55.00	0	33.16
33.17	OTHER MISCELLANEOUS REVENUE	B	-196	CT SCAN	57.00	0	33.17
33.18	OTHER MISCELLANEOUS REVENUE	B	-5,672	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.18
33.19	OTHER MISCELLANEOUS REVENUE	B	-3,000	RESPIRATORY THERAPY	65.00	0	33.19
33.20	OTHER MISCELLANEOUS REVENUE	B	-26,114	PHYSICAL THERAPY	66.00	0	33.20
36.00	ENTERTAINMENT	A	-48,069	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	ENTERTAINMENT	A	-1,369	NURSING ADMINISTRATION	13.00	0	36.01
36.02	ENTERTAINMENT	A	-893	ALLIED HEALTH-EMS	23.00	0	36.02
36.03	ENTERTAINMENT	A	-370	ADULTS & PEDIATRICS	30.00	0	36.03
36.04	ENTERTAINMENT	A	-195	RADIOLOGY-THERAPEUTIC	55.00	0	36.04
36.05	DONATIONS	A	-1,108	ADMINISTRATIVE & GENERAL	5.00	0	36.05
36.06	DONATIONS	A	-5,804	OPERATION OF PLANT	7.00	0	36.06
36.07	DUES REVENUE	B	-600	ADMINISTRATIVE & GENERAL	5.00	0	36.07
36.08	RECYCLE REVENUE	B	-108	OPERATION OF PLANT	7.00	0	36.08
36.09	PHYSICIAN RECRUITMENT EXPENSE	A	-4,221	ADMINISTRATIVE & GENERAL	5.00	0	36.09
36.10	CHILD CARE REVENUE	B	-830	ADULTS & PEDIATRICS	30.00	0	36.10
36.11	PROVIDER TAX EXPENSE	A	-10,856,526	ADMINISTRATIVE & GENERAL	5.00	0	36.11
36.12	MARKETING EXPENSE	A	-45,293	ADMINISTRATIVE & GENERAL	5.00	0	36.12
36.13	MARKETING EXPENSE	A	-3,587	ALLIED HEALTH-RAD TECH	23.01	0	36.13
36.14	EQUIPMENT RENTAL	B	-6,517	OPERATING ROOM	50.00	0	36.14
36.15	CONTRACT SERVICE REVENUE	B	-39,619	ANDERSON OUTPATIENT CENTER	90.01	0	36.15
36.16	CHARITABLE CONTRIBUTIONS	A	-162,524	NURSING ADMINISTRATION	13.00	0	36.16
36.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.17
36.18	CORPORATE SPONSORSHIPS	A	-21,105	ADMINISTRATIVE & GENERAL	5.00	0	36.18
36.19	COMMUNITY BENEFITS	A	-32,117	ADMINISTRATIVE & GENERAL	5.00	0	36.19
36.20	SHARED SAVINGS PAYMENT	B	-5,085	ADMINISTRATIVE & GENERAL	5.00	0	36.20
36.21	ACCOMODATION FEES	B	-40	PHYSICAL THERAPY	66.00	0	36.21
36.22	LATE FEES AND PENALTIES	A	-106	ADMINISTRATIVE & GENERAL	5.00	0	36.22
36.23	GAIN/LOSS ON DISPOSAL PPE	B	-66,216	ADMINISTRATIVE & GENERAL	5.00	0	36.23
36.24	LOBBYING EXPENSE	A	-2,391	ADMINISTRATIVE & GENERAL	5.00	0	36.24
36.25	DEPRECIATION AHA LIFE ADJUSTMENT	A	-10,542	CAP REL COSTS-BLDG & FIXT	1.00	9	36.25
36.26	PROMOTIONAL ITEMS	A	-16,723	ADMINISTRATIVE & GENERAL	5.00	0	36.26
36.27	PROMOTIONAL ITEMS	A	-351	RESPIRATORY THERAPY	65.00	0	36.27
36.28	PROMOTIONAL ITEMS	A	-387	ELECTROCARDIOLOGY	69.00	0	36.28
36.29	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	36.29
36.30	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	36.30
36.31	PRINT SHOP REVENUE	B	-207,655	ADMINISTRATIVE & GENERAL	5.00	0	36.31
36.32	LAB	B	-2,832	LABORATORY	60.00	0	36.32
36.33	BILLING ARRANGEMENTS	B	-34	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.33
36.34	BILLING ARRANGEMENTS	B	-600	OPERATING ROOM	50.00	0	36.34
36.35	BILLING ARRANGEMENTS	B	-5,634	PHARMACY	15.00	0	36.35
36.36	BILLING ARRANGEMENTS	B	-5,474	ADMINISTRATIVE & GENERAL	5.00	0	36.36

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8 | Date/Time Prepared: 11/25/2020 8:40 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,095,821				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-1 | Date/Time Prepared: 11/25/2020 8:40 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - CAPITAL	2,786,641	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - INTEREST	48,667	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	35,758,818	33,453,364	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	7,189,271	7,461,921	4.00
4.01	15.00	PHARMACY	SVH CHARGEBACK	-8,000	-8,000	4.01
4.02	23.01	ALLIED HEALTH-RAD TECH	SVH CHARGEBACK	27,225	27,225	4.02
4.03	50.00	OPERATING ROOM	SVH CHARGEBACK	250,000	250,000	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACK	67,577	67,577	4.04
4.05	55.00	RADIOLOGY-THERAPEUTIC	SVH CHARGEBACK	6,966	6,966	4.05
4.06	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACK	117,000	117,000	4.06
4.07	90.01	ANDERSON OUTPATIENT CENTER	SVH CHARGEBACK	-2,080	-2,080	4.07
4.08	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	517,242	524,169	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	6,927	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACK	32,127	32,127	4.10
4.11	0.00			0	0	4.11
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
4.22	0.00			0	0	4.22
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			46,798,381	41,930,269	5.00

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

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

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

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

6.00	G	ST VINCENT HEAL	100.00	ST VINCENT HEAL	100.00	6.00
7.00	G	ASCENSION HEALT	100.00	ASCENSION HEALT	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-1 | Date/Time Prepared: 11/25/2020 8:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,786,641	0		1.00
2.00	48,667	0		2.00
3.00	2,305,454	0		3.00
4.00	-272,650	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	-6,927	11		4.08
4.09	6,927	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
5.00	4,868,112			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00	SYSTEM OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet A-8-2 | Date/Time Prepared: 11/25/2020 8:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	65.00	RESPIRATORY THERAPY	34,969	0	34,969	211,500	233	1.00
2.00	31.00	INTENSIVE CARE UNIT	387,282	0	387,282	211,500	4,392	2.00
3.00	50.00	OPERATING ROOM	1,497,304	0	1,497,304	211,500	12,408	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	221,207	221,207	0	111,500	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	23,336	23,336	0	211,500	0	5.00
6.00	60.00	LABORATORY	87,008	87,008	0	211,500	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	308,915	0	308,915	211,500	4,392	7.00
8.00	91.00	EMERGENCY	874,269	874,269	0	211,500	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	6,905,114	6,905,114	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			10,339,404	8,110,934	2,228,470		21,425	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	65.00	RESPIRATORY THERAPY	23,692	1,185	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	446,590	22,330	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,261,679	63,084	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	446,590	22,330	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,178,551	108,929	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	65.00	RESPIRATORY THERAPY	0	23,692	11,277	11,277		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	446,590	0	0		2.00
3.00	50.00	OPERATING ROOM	0	1,261,679	235,625	235,625		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	221,207		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	23,336		5.00
6.00	60.00	LABORATORY	0	0	0	87,008		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	446,590	0	0		7.00
8.00	91.00	EMERGENCY	0	0	0	874,269		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	6,905,114		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	2,178,551	246,902	8,357,836		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS BLDG & FIXT-MAB	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	1.01	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,815,294	2,815,294				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0			1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,721,078	37,168	0	8,758,246		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,844,947	270,492	0	423,049	42,538,488	5.00
7.00	00700	OPERATION OF PLANT	4,781,397	334,572	0	0	5,115,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	536,297	47,239	0	0	583,536	8.00
9.00	00900	HOUSEKEEPING	2,571,070	59,878	0	0	2,630,948	9.00
10.00	01000	DIETARY	331,821	51,164	0	0	382,985	10.00
11.00	01100	CAFETERIA	1,928,494	115,891	0	0	2,044,385	11.00
13.00	01300	NURSING ADMINISTRATION	2,403,599	29,312	0	403,442	2,836,353	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	571,728	95,185	0	94,522	761,435	14.00
15.00	01500	PHARMACY	3,007,586	28,922	0	597,531	3,634,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-25,670	31,292	0	0	5,622	16.00
23.00	02300	ALLIED HEALTH-EMS	20,905	780	0	2,132	23,817	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	223,750	660	0	45,643	270,053	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,046,384	396,232	0	1,869,561	12,312,177	30.00
31.00	03100	INTENSIVE CARE UNIT	5,213,405	87,984	0	844,942	6,146,331	31.00
41.00	04100	SUBPROVIDER - IRF	1,154,513	60,016	0	212,463	1,426,992	41.00
43.00	04300	NURSERY	266,987	37,732	0	49,539	354,258	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,943,663	288,059	0	171,479	15,403,201	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,090,012	130,091	0	202,799	1,422,902	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,255,525	85,691	0	329,484	2,670,700	54.00
54.01	03440	MAMMOGRAPHY	482,177	0	0	50,414	532,591	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	893,037	6,764	0	56,864	956,665	54.02
54.03	03630	ULTRA SOUND	521,915	0	0	89,039	610,954	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,073,903	0	0	192,284	2,266,187	55.00
57.00	05700	CT SCAN	760,417	3,307	0	123,377	887,101	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	590,198	6,020	0	53,564	649,782	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,291,008	51,386	0	214,473	1,556,867	59.00
60.00	06000	LABORATORY	6,444,641	75,284	0	0	6,519,925	60.00
65.00	06500	RESPIRATORY THERAPY	1,284,502	42,839	0	226,240	1,553,581	65.00
66.00	06600	PHYSICAL THERAPY	2,061,557	61,174	0	382,791	2,505,522	66.00
67.00	06700	OCCUPATIONAL THERAPY	795,095	25,969	0	142,100	963,164	67.00
68.00	06800	SPEECH PATHOLOGY	245,676	8,024	0	43,907	297,607	68.00
69.00	06900	ELECTROCARDIOLOGY	167,177	0	0	23,462	190,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	533,732	69,883	0	46,621	650,236	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,490,456	0	0	0	3,490,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,047,482	0	0	0	4,047,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,106,387	0	0	0	18,106,387	73.00
76.00	03190	CHEMOTHERAPY	948,949	0	0	159,420	1,108,369	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	808,697	21,006	0	173,112	1,002,815	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,207,503	135,066	0	790,218	5,132,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,457,294	2,695,082	0	8,014,472	153,593,308	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	11,295	0	0	11,295	190.00
191.00	19100	RESEARCH	109,889	0	0	17,045	126,934	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,560,964	10,977	0	491,414	3,063,355	192.00
194.00	07950	FOUNDATION	4	3,817	0	0	3,821	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	84,147	0	0	15,678	99,825	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	18,003	0	0	3,752	21,755	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	550	0	0	0	550	194.04
194.05	07955	HEALTHY FAMILIES	475,448	60,562	0	61,475	597,485	194.05
194.06	07956	DME-HOME CARE	59,807	1,320	0	0	61,127	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	1,024	15,166	0	0	16,190	194.08
194.09	07959	MOB	350	0	0	0	350	194.09

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	BLDG & FIXT-MAB			
			0	1.00	1.01	4.00	4A	
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	774,690	17,075	0	154,410	946,175	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	158,542,170	2,815,294	0	8,758,246	158,542,170	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,538,488					5.00
7.00	00700	OPERATION OF PLANT	1,876,021	6,991,990				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	213,982	151,994	949,512			8.00
9.00	00900	HOUSEKEEPING	964,766	192,662	0	3,788,376		9.00
10.00	01000	DIETARY	140,440	164,623	0	18,733	706,781	10.00
11.00	01100	CAFETERIA	749,674	372,888	0	42,509	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,040,088	94,313	0	15,851	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	279,217	306,266	12,174	45,390	0	14.00
15.00	01500	PHARMACY	1,332,598	93,058	0	14,410	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,062	100,686	0	7,205	0	16.00
23.00	02300	ALLIED HEALTH-EMS	8,734	2,510	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	99,028	2,124	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,514,863	1,274,907	312,183	1,411,284	509,587	30.00
31.00	03100	INTENSIVE CARE UNIT	2,253,853	283,094	133,082	331,423	83,966	31.00
41.00	04100	SUBPROVIDER - IRF	523,277	193,106	40,215	172,916	64,167	41.00
43.00	04300	NURSERY	129,906	121,406	7,711	27,522	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,648,338	926,852	156,666	603,837	341	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	521,777	418,577	24,696	112,756	17,981	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	979,343	275,717	2,199	126,085	0	54.00
54.01	03440	MAMMOGRAPHY	195,301	0	5,332	10,807	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	350,808	21,763	467	10,807	0	54.02
54.03	03630	ULTRA SOUND	224,036	0	575	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	831,009	0	12,987	10,807	0	55.00
57.00	05700	CT SCAN	325,299	10,640	45,503	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	238,274	19,369	7,151	10,807	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	570,902	165,338	0	21,615	2,615	59.00
60.00	06000	LABORATORY	2,390,850	242,232	0	90,060	0	60.00
65.00	06500	RESPIRATORY THERAPY	569,697	137,839	0	3,602	0	65.00
66.00	06600	PHYSICAL THERAPY	918,772	196,833	10,280	50,938	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,191	83,557	4,184	21,615	0	67.00
68.00	06800	SPEECH PATHOLOGY	109,132	25,818	727	6,700	0	68.00
69.00	06900	ELECTROCARDIOLOGY	69,907	0	124	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	238,441	224,853	0	43,229	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,279,947	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,484,208	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,639,647	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	406,438	0	15,929	0	5,557	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	367,731	67,587	0	29,540	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	1,882,188	434,586	146,054	448,861	22,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,723,745	6,605,198	938,239	3,689,309	706,781	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	4,142	36,343	0	0	0	190.00
191.00	19100	RESEARCH	46,547	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,123,329	35,319	0	5,404	0	192.00
194.00	07950	FOUNDATION	1,401	12,282	0	1,801	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	258	64,844	0	194.01
194.02	07952	PSS ADMINISTRATION	36,606	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	7,978	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	202	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	219,097	194,863	0	5,404	0	194.05
194.06	07956	DME-HOME CARE	22,415	4,248	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	5,937	48,798	0	3,602	0	194.08
194.09	07959	MOB	128	0	11,015	10,807	0	194.09
194.10	07960	ASC	0	0	0	7,205	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	346,961	54,939	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	42,538,488	6,991,990	949,512	3,788,376	706,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
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	3,209,456					11.00
13.00	01300	NURSING ADMINISTRATION	155,083	4,141,688				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	72,977	0	1,477,459			14.00
15.00	01500	PHARMACY	201,493	0	22,981	5,298,579		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	115,575	16.00
23.00	02300	ALLIED HEALTH-EMS	20,340	0	135	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	19,279	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	853,392	1,798,792	54,471	0	7,411	30.00
31.00	03100	INTENSIVE CARE UNIT	348,532	832,623	47,197	0	3,746	31.00
41.00	04100	SUBPROVIDER - IRF	79,066	187,453	3,396	0	757	41.00
43.00	04300	NURSERY	18,627	65,911	1,719	0	251	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,636	190,650	1,075,265	0	20,906	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,897	218,091	7,039	0	805	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182,866	0	49,450	0	3,288	54.00
54.01	03440	MAMMOGRAPHY	21,865	0	8,776	0	625	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	20,199	0	28,347	0	2,332	54.02
54.03	03630	ULTRA SOUND	28,421	0	480	0	1,553	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	83,859	0	5,443	0	5,595	55.00
57.00	05700	CT SCAN	51,414	0	12	0	2,757	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,779	0	23	0	500	58.00
59.00	05900	CARDIAC CATHETERIZATION	87,879	131,359	40,389	0	4,368	59.00
60.00	06000	LABORATORY	0	0	312	0	14,359	60.00
65.00	06500	RESPIRATORY THERAPY	97,764	0	29,337	0	2,400	65.00
66.00	06600	PHYSICAL THERAPY	110,174	0	9,560	0	1,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,670	0	4,059	0	601	67.00
68.00	06800	SPEECH PATHOLOGY	19,672	0	1,254	0	186	68.00
69.00	06900	ELECTROCARDIOLOGY	11,812	0	120	0	155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,683	0	559	0	687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,298,579	18,373	73.00
76.00	03190	CHEMOTHERAPY	87,984	0	19,185	0	1,626	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	34,564	0	0	0	500	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	336,693	716,809	67,909	0	14,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,131,620	4,141,688	1,477,418	5,298,579	115,575	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	6,774	0	4	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,556	0	0	0	0	192.00
194.00	07950	FOUNDATION	537	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	8,645	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	685	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	47,639	0	10	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	27	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,209,456	4,141,688	1,477,459	5,298,579	115,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
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
23.00	02300	ALLIED HEALTH-EMS	55,536					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		390,484				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			0			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	23,049,067	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,463,847	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,691,345	0	41.00
43.00	04300	NURSERY	0	0	0	727,311	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	24,039,692	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,825,521	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,109	0	4,366,757	0	54.00
54.01	03440	MAMMOGRAPHY	0	14,651	0	789,948	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54,689	0	1,446,077	0	54.02
54.03	03630	ULTRA SOUND	0	36,428	0	902,447	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	131,230	0	3,347,117	0	55.00
57.00	05700	CT SCAN	0	64,653	0	1,387,379	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,724	0	957,409	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,581,332	0	59.00
60.00	06000	LABORATORY	0	0	0	9,257,738	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,394,220	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,803,660	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,494,041	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	461,096	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	272,757	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,167,688	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,773,582	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,534,587	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,062,986	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	1,645,088	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	1,502,737	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	55,536	0	0	9,258,127	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,536	390,484	0	151,203,556	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	51,780	0	190.00
191.00	19100	RESEARCH	0	0	0	180,259	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,240,963	0	192.00
194.00	07950	FOUNDATION	0	0	0	19,842	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	65,102	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	145,076	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	30,418	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	752	0	194.04
194.05	07955	HEALTHY FAMILIES	0	0	0	1,064,498	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	87,790	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	74,527	0	194.08
194.09	07959	MOB	0	0	0	22,300	0	194.09
194.10	07960	ASC	0	0	0	7,205	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	1,348,102	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	55,536	390,484	0	158,542,170	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB			1.01
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
23.00	02300	ALLIED HEALTH-EMS			23.00
23.01	02301	ALLIED HEALTH-RAD TECH			23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	23,049,067		30.00
31.00	03100	INTENSIVE CARE UNIT	10,463,847		31.00
41.00	04100	SUBPROVIDER - IRF	2,691,345		41.00
43.00	04300	NURSERY	727,311		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	24,039,692		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,825,521		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,366,757		54.00
54.01	03440	MAMMOGRAPHY	789,948		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,446,077		54.02
54.03	03630	ULTRA SOUND	902,447		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,347,117		55.00
57.00	05700	CT SCAN	1,387,379		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	957,409		58.00
59.00	05900	CARDIAC CATHETERIZATION	2,581,332		59.00
60.00	06000	LABORATORY	9,257,738		60.00
65.00	06500	RESPIRATORY THERAPY	2,394,220		65.00
66.00	06600	PHYSICAL THERAPY	3,803,660		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,494,041		67.00
68.00	06800	SPEECH PATHOLOGY	461,096		68.00
69.00	06900	ELECTROCARDIOLOGY	272,757		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,688		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,773,582		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,534,587		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,062,986		73.00
76.00	03190	CHEMOTHERAPY	1,645,088		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,502,737		90.01
90.02	04950	DIABETIC EDUCATION	0		90.02
90.03	09002	MS CLINIC	0		90.03
91.00	09100	EMERGENCY	9,258,127		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,203,556		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	51,780		190.00
191.00	19100	RESEARCH	180,259		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,240,963		192.00
194.00	07950	FOUNDATION	19,842		194.00
194.01	07951	CHILDRENS CLINIC	65,102		194.01
194.02	07952	PSS ADMINISTRATION	145,076		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	30,418		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	752		194.04
194.05	07955	HEALTHY FAMILIES	1,064,498		194.05
194.06	07956	DME-HOME CARE	87,790		194.06
194.07	07957	MARKETING	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	74,527		194.08
194.09	07959	MOB	22,300		194.09
194.10	07960	ASC	7,205		194.10
194.11	07961	MAB	0		194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	1,348,102		194.12
194.13	07962	IDLE SPACE	0		194.13
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part I Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	158,542,170		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS BLDG & FIXT-MAB	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	37,168	0	37,168	37,168	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,786,641	270,492	0	3,057,133	1,796	5.00
7.00	00700	OPERATION OF PLANT	0	334,572	0	334,572	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	47,239	0	47,239	0	8.00
9.00	00900	HOUSEKEEPING	0	59,878	0	59,878	0	9.00
10.00	01000	DIETARY	0	51,164	0	51,164	0	10.00
11.00	01100	CAFETERIA	0	115,891	0	115,891	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	29,312	0	29,312	1,713	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	95,185	0	95,185	401	14.00
15.00	01500	PHARMACY	0	28,922	0	28,922	2,537	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,292	0	31,292	0	16.00
23.00	02300	ALLIED HEALTH-EMS	0	780	0	780	9	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	0	660	0	660	194	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	396,232	0	396,232	7,920	30.00
31.00	03100	INTENSIVE CARE UNIT	0	87,984	0	87,984	3,588	31.00
41.00	04100	SUBPROVIDER - IRF	0	60,016	0	60,016	902	41.00
43.00	04300	NURSERY	0	37,732	0	37,732	210	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	288,059	0	288,059	728	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	130,091	0	130,091	861	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,691	0	85,691	1,399	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	0	214	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,764	0	6,764	241	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	378	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	816	55.00
57.00	05700	CT SCAN	0	3,307	0	3,307	524	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,020	0	6,020	227	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,386	0	51,386	911	59.00
60.00	06000	LABORATORY	0	75,284	0	75,284	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	42,839	0	42,839	961	65.00
66.00	06600	PHYSICAL THERAPY	0	61,174	0	61,174	1,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,969	0	25,969	603	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,024	0	8,024	186	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	69,883	0	69,883	198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	677	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	21,006	0	21,006	735	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	135,066	0	135,066	3,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,786,641	2,695,082	0	5,481,723	34,009	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	11,295	0	11,295	0	190.00
191.00	19100	RESEARCH	0	0	0	0	72	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,977	0	10,977	2,087	192.00
194.00	07950	FOUNDATION	0	3,817	0	3,817	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	0	67	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	0	16	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	0	60,562	0	60,562	261	194.05
194.06	07956	DME-HOME CARE	0	1,320	0	1,320	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	15,166	0	15,166	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS BLDG & FIXT-MAB	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2A	4.00	
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	17,075	0	17,075	656	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	2,786,641	2,815,294	0	5,601,935	37,168	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,058,929					5.00
7.00	00700	OPERATION OF PLANT	134,903	469,475				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,387	10,206	72,832			8.00
9.00	00900	HOUSEKEEPING	69,375	12,936	0	142,189		9.00
10.00	01000	DIETARY	10,099	11,054	0	703	73,020	10.00
11.00	01100	CAFETERIA	53,908	25,037	0	1,595	0	11.00
13.00	01300	NURSING ADMINISTRATION	74,792	6,333	0	595	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,078	20,564	934	1,704	0	14.00
15.00	01500	PHARMACY	95,826	6,248	0	541	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	148	6,761	0	270	0	16.00
23.00	02300	ALLIED HEALTH-EMS	628	169	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	7,121	143	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	324,660	85,603	23,944	52,969	52,647	30.00
31.00	03100	INTENSIVE CARE UNIT	162,073	19,008	10,208	12,439	8,675	31.00
41.00	04100	SUBPROVIDER - IRF	37,628	12,966	3,085	6,490	6,629	41.00
43.00	04300	NURSERY	9,341	8,152	591	1,033	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	406,167	62,233	12,017	22,664	35	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,521	28,105	1,894	4,232	1,858	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,424	18,513	169	4,732	0	54.00
54.01	03440	MAMMOGRAPHY	14,044	0	409	406	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	25,226	1,461	36	406	0	54.02
54.03	03630	ULTRA SOUND	16,110	0	44	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	59,757	0	996	406	0	55.00
57.00	05700	CT SCAN	23,392	714	3,490	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,134	1,300	549	406	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,053	11,102	0	811	270	59.00
60.00	06000	LABORATORY	171,924	16,265	0	3,380	0	60.00
65.00	06500	RESPIRATORY THERAPY	40,966	9,255	0	135	0	65.00
66.00	06600	PHYSICAL THERAPY	66,068	13,216	789	1,912	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,398	5,610	321	811	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,848	1,734	56	251	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,027	0	10	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,146	15,098	0	1,623	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	92,040	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	106,728	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	477,475	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	29,227	0	1,222	0	574	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	26,443	4,538	0	1,109	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	135,346	29,180	11,203	16,847	2,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,928,431	443,504	71,967	138,470	73,020	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	298	2,440	0	0	0	190.00
191.00	19100	RESEARCH	3,347	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,778	2,371	0	203	0	192.00
194.00	07950	FOUNDATION	101	825	0	68	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	20	2,434	0	194.01
194.02	07952	PSS ADMINISTRATION	2,632	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	574	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	15	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	15,755	13,084	0	203	0	194.05
194.06	07956	DME-HOME CARE	1,612	285	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	427	3,277	0	135	0	194.08
194.09	07959	MOB	9	0	845	406	0	194.09
194.10	07960	ASC	0	0	0	270	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	24,950	3,689	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,058,929	469,475	72,832	142,189	73,020	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
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	196,431					11.00
13.00	01300	NURSING ADMINISTRATION	9,492	122,237				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,466	0	143,332			14.00
15.00	01500	PHARMACY	12,332	0	2,229	148,635		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	31,479	16.00
23.00	02300	ALLIED HEALTH-EMS	1,245	0	13	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	1,180	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	52,230	53,089	5,284	0	1,998	30.00
31.00	03100	INTENSIVE CARE UNIT	21,331	24,574	4,579	0	1,010	31.00
41.00	04100	SUBPROVIDER - IRF	4,839	5,532	329	0	204	41.00
43.00	04300	NURSERY	1,140	1,945	167	0	68	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	835	5,627	104,316	0	5,953	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,951	6,437	683	0	217	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,192	0	4,797	0	887	54.00
54.01	03440	MAMMOGRAPHY	1,338	0	851	0	168	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,236	0	2,750	0	629	54.02
54.03	03630	ULTRA SOUND	1,739	0	47	0	419	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,132	0	528	0	1,509	55.00
57.00	05700	CT SCAN	3,147	0	1	0	743	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,211	0	2	0	135	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,379	3,877	3,918	0	1,178	59.00
60.00	06000	LABORATORY	0	0	30	0	3,872	60.00
65.00	06500	RESPIRATORY THERAPY	5,984	0	2,846	0	647	65.00
66.00	06600	PHYSICAL THERAPY	6,743	0	927	0	426	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,897	0	394	0	162	67.00
68.00	06800	SPEECH PATHOLOGY	1,204	0	122	0	50	68.00
69.00	06900	ELECTROCARDIOLOGY	723	0	12	0	42	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	593	0	54	0	185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	857	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	148,635	4,954	73.00
76.00	03190	CHEMOTHERAPY	5,385	0	1,861	0	438	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	2,115	0	0	0	135	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	20,607	21,156	6,588	0	3,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	191,666	122,237	143,328	148,635	31,479	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	415	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	830	0	0	0	0	192.00
194.00	07950	FOUNDATION	33	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	529	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	42	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	2,916	0	1	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	3	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	6,992	201.00
202.00	TOTAL (sum lines 118 through 201)	196,431	122,237	143,332	148,635	38,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
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
23.00	02300	ALLIED HEALTH-EMS	2,844					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		9,298				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			0			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				1,056,576	0	30.00
31.00	03100	INTENSIVE CARE UNIT				355,469	0	31.00
41.00	04100	SUBPROVIDER - IRF				138,620	0	41.00
43.00	04300	NURSERY				60,379	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				908,634	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				216,850	0	52.00
53.00	05300	ANESTHESIOLOGY				0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				197,804	0	54.00
54.01	03440	MAMMOGRAPHY				17,430	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC				38,749	0	54.02
54.03	03630	ULTRA SOUND				18,737	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC				69,144	0	55.00
57.00	05700	CT SCAN				35,318	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				26,984	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				119,885	0	59.00
60.00	06000	LABORATORY				270,755	0	60.00
65.00	06500	RESPIRATORY THERAPY				103,633	0	65.00
66.00	06600	PHYSICAL THERAPY				152,880	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				63,165	0	67.00
68.00	06800	SPEECH PATHOLOGY				19,475	0	68.00
69.00	06900	ELECTROCARDIOLOGY				5,914	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				104,780	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				92,897	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				107,509	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				631,064	0	73.00
76.00	03190	CHEMOTHERAPY				39,384	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER				56,081	0	90.01
90.02	04950	DIABETIC EDUCATION				0	0	90.02
90.03	09002	MS CLINIC				0	0	90.03
91.00	09100	EMERGENCY				385,492	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	5,293,608	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				14,033	0	190.00
191.00	19100	RESEARCH				3,834	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				97,246	0	192.00
194.00	07950	FOUNDATION				4,844	0	194.00
194.01	07951	CHILDRENS CLINIC				2,454	0	194.01
194.02	07952	PSS ADMINISTRATION				3,228	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM				632	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT				15	0	194.04
194.05	07955	HEALTHY FAMILIES				92,782	0	194.05
194.06	07956	DME-HOME CARE				3,217	0	194.06
194.07	07957	MARKETING				0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS				19,005	0	194.08
194.09	07959	MOB				1,260	0	194.09
194.10	07960	ASC				270	0	194.10
194.11	07961	MAB				0	0	194.11

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES				46,373	0	194.12
194.13	07962	IDLE SPACE				0	0	194.13
200.00		Cross Foot Adjustments	2,844	9,298	0	12,142	0	200.00
201.00		Negative Cost Centers	0	0	0	6,992	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,844	9,298	0	5,601,935	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB			1.01
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
23.00	02300	ALLIED HEALTH-EMS			23.00
23.01	02301	ALLIED HEALTH-RAD TECH			23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	1,056,576		30.00
31.00	03100	INTENSIVE CARE UNIT	355,469		31.00
41.00	04100	SUBPROVIDER - IRF	138,620		41.00
43.00	04300	NURSERY	60,379		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	908,634		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	216,850		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	197,804		54.00
54.01	03440	MAMMOGRAPHY	17,430		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	38,749		54.02
54.03	03630	ULTRA SOUND	18,737		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	69,144		55.00
57.00	05700	CT SCAN	35,318		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,984		58.00
59.00	05900	CARDIAC CATHETERIZATION	119,885		59.00
60.00	06000	LABORATORY	270,755		60.00
65.00	06500	RESPIRATORY THERAPY	103,633		65.00
66.00	06600	PHYSICAL THERAPY	152,880		66.00
67.00	06700	OCCUPATIONAL THERAPY	63,165		67.00
68.00	06800	SPEECH PATHOLOGY	19,475		68.00
69.00	06900	ELECTROCARDIOLOGY	5,914		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,780		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	92,897		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,509		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631,064		73.00
76.00	03190	CHEMOTHERAPY	39,384		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,081		90.01
90.02	04950	DIABETIC EDUCATION	0		90.02
90.03	09002	MS CLINIC	0		90.03
91.00	09100	EMERGENCY	385,492		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,293,608		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	14,033		190.00
191.00	19100	RESEARCH	3,834		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	97,246		192.00
194.00	07950	FOUNDATION	4,844		194.00
194.01	07951	CHILDRENS CLINIC	2,454		194.01
194.02	07952	PSS ADMINISTRATION	3,228		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	632		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	15		194.04
194.05	07955	HEALTHY FAMILIES	92,782		194.05
194.06	07956	DME-HOME CARE	3,217		194.06
194.07	07957	MARKETING	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	19,005		194.08
194.09	07959	MOB	1,260		194.09
194.10	07960	ASC	270		194.10
194.11	07961	MAB	0		194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	46,373		194.12
194.13	07962	IDLE SPACE	0		194.13
200.00		Cross Foot Adjustments	12,142		200.00
201.00		Negative Cost Centers	6,992		201.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	5,601,935		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS BLDG & FIXT-MAB (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	1.01	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	469,090					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0				1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	39,144,374			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,070	0	1,890,791	-42,538,488	116,003,682	5.00
7.00	00700	OPERATION OF PLANT	55,747	0	0	0	5,115,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	0	0	0	583,536	8.00
9.00	00900	HOUSEKEEPING	9,977	0	0	0	2,630,948	9.00
10.00	01000	DIETARY	8,525	0	0	0	382,985	10.00
11.00	01100	CAFETERIA	19,310	0	0	0	2,044,385	11.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	1,803,158	0	2,836,353	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	0	422,460	0	761,435	14.00
15.00	01500	PHARMACY	4,819	0	2,670,624	0	3,634,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	0	0	5,622	16.00
23.00	02300	ALLIED HEALTH-EMS	130	0	9,531	0	23,817	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	204,000	0	270,053	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	66,021	0	8,355,854	0	12,312,177	30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	0	3,776,411	0	6,146,331	31.00
41.00	04100	SUBPROVIDER - IRF	10,000	0	949,589	0	1,426,992	41.00
43.00	04300	NURSERY	6,287	0	221,411	0	354,258	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,997	0	766,412	0	15,403,201	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,676	0	906,398	0	1,422,902	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	0	1,472,605	0	2,670,700	54.00
54.01	03440	MAMMOGRAPHY	0	0	225,321	0	532,591	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	0	254,149	0	956,665	54.02
54.03	03630	ULTRA SOUND	0	0	397,954	0	610,954	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	859,402	0	2,266,187	55.00
57.00	05700	CT SCAN	551	0	551,424	0	887,101	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	239,399	0	649,782	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,562	0	958,571	0	1,556,867	59.00
60.00	06000	LABORATORY	12,544	0	0	0	6,519,925	60.00
65.00	06500	RESPIRATORY THERAPY	7,138	0	1,011,164	0	1,553,581	65.00
66.00	06600	PHYSICAL THERAPY	10,193	0	1,710,861	0	2,505,522	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,327	0	635,107	0	963,164	67.00
68.00	06800	SPEECH PATHOLOGY	1,337	0	196,241	0	297,607	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	104,861	0	190,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	208,371	0	650,236	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,490,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,047,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,106,387	73.00
76.00	03190	CHEMOTHERAPY	0	0	712,517	0	1,108,369	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	773,714	0	1,002,815	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	22,505	0	3,531,826	0	5,132,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	449,060	0	35,820,126	-42,538,488	111,054,820	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	11,295	190.00
191.00	19100	RESEARCH	0	0	76,183	0	126,934	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	2,196,341	0	3,063,355	192.00
194.00	07950	FOUNDATION	636	0	0	0	3,821	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	70,072	0	99,825	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	16,769	0	21,755	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	550	194.04
194.05	07955	HEALTHY FAMILIES	10,091	0	274,757	0	597,485	194.05
194.06	07956	DME-HOME CARE	220	0	0	0	61,127	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	0	0	16,190	194.08
194.09	07959	MOB	0	0	0	0	350	194.09

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	1.01	4.00	5A	5.00	
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	690,126	0	946,175	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
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)	2,815,294	0	8,758,246		42,538,488	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.001607	0.000000	0.223742		0.366699	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			37,168		3,058,929	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000950		0.026369	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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	362,080					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	927,037				8.00
9.00	00900	HOUSEKEEPING	9,977	0	52,581			9.00
10.00	01000	DIETARY	8,525	0	260	97,558		10.00
11.00	01100	CAFETERIA	19,310	0	590	0	955,575	11.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	220	0	46,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	11,886	630	0	21,728	14.00
15.00	01500	PHARMACY	4,819	0	200	0	59,992	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	100	0	0	16.00
23.00	02300	ALLIED HEALTH-EMS	130	0	0	0	6,056	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	0	0	5,740	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	66,021	304,793	19,588	70,339	254,086	30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	129,932	4,600	11,590	103,771	31.00
41.00	04100	SUBPROVIDER - IRF	10,000	39,263	2,400	8,857	23,541	41.00
43.00	04300	NURSERY	6,287	7,528	382	0	5,546	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,997	152,958	8,381	47	4,060	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,676	24,111	1,565	2,482	24,086	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	2,147	1,750	0	54,446	54.00
54.01	03440	MAMMOGRAPHY	0	5,206	150	0	6,510	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	456	150	0	6,014	54.02
54.03	03630	ULTRA SOUND	0	561	0	0	8,462	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,680	150	0	24,968	55.00
57.00	05700	CT SCAN	551	44,426	0	0	15,308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	6,982	150	0	5,889	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,562	0	300	361	26,165	59.00
60.00	06000	LABORATORY	12,544	0	1,250	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	7,138	0	50	0	29,108	65.00
66.00	06600	PHYSICAL THERAPY	10,193	10,037	707	0	32,803	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,327	4,085	300	0	18,957	67.00
68.00	06800	SPEECH PATHOLOGY	1,337	710	93	0	5,857	68.00
69.00	06900	ELECTROCARDIOLOGY	0	121	0	0	3,517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	600	0	2,883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	15,552	0	767	26,196	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	410	0	10,291	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	22,505	142,597	6,230	3,115	100,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	342,050	916,031	51,206	97,558	932,400	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	2,017	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	75	0	4,036	192.00
194.00	07950	FOUNDATION	636	0	25	0	160	194.00
194.01	07951	CHILDRENS CLINIC	0	252	900	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	0	2,574	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	0	204	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	10,091	0	75	0	14,184	194.05
194.06	07956	DME-HOME CARE	220	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	50	0	0	194.08
194.09	07959	MOB	0	10,754	150	0	0	194.09
194.10	07960	ASC	0	0	100	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	0	0	0	194.12

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
			7.00	8.00	9.00	10.00	11.00	
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,991,990	949,512	3,788,376	706,781	3,209,456	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.310622	1.024244	72.048382	7.244726	3.358665	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	469,475	72,832	142,189	73,020	196,431	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.296606	0.078564	2.704190	0.748478	0.205563	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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
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	348,497					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,615,237				14.00
15.00	01500	PHARMACY	0	165,117	18,061,867			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	649,212,936		16.00
23.00	02300	ALLIED HEALTH-EMS	0	971	0	0	100	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	0	0	0	0		23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	0	0	0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	151,357	391,361	0	41,634,938	0	30.00
31.00	03100	INTENSIVE CARE UNIT	70,060	339,103	0	21,047,609	0	31.00
41.00	04100	SUBPROVIDER - IRF	15,773	24,397	0	4,252,521	0	41.00
43.00	04300	NURSERY	5,546	12,354	0	1,412,153	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,042	7,725,562	0	117,355,846	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,351	50,574	0	4,523,482	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	355,287	0	18,473,711	0	54.00
54.01	03440	MAMMOGRAPHY	0	63,051	0	3,510,055	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	203,665	0	13,102,184	0	54.02
54.03	03630	ULTRA SOUND	0	3,446	0	8,727,303	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,108	0	31,434,467	0	55.00
57.00	05700	CT SCAN	0	89	0	15,489,517	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	164	0	2,808,751	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,053	290,187	0	24,541,737	0	59.00
60.00	06000	LABORATORY	0	2,240	0	80,667,043	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	210,778	0	13,484,417	0	65.00
66.00	06600	PHYSICAL THERAPY	0	68,687	0	8,880,748	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,161	0	3,375,446	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,010	0	1,042,974	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	860	0	873,036	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,014	0	3,859,528	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,858,196	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,274,517	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,061,867	103,218,581	0	73.00
76.00	03190	CHEMOTHERAPY	0	137,839	0	9,135,120	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	2,806,605	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	60,315	487,915	0	79,422,451	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	348,497	10,614,940	18,061,867	649,212,936	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	32	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	0	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	0	0	194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	0	69	0	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	196	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,141,688	1,477,459	5,298,579	115,575	55,536	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.884429	0.139183	0.293357	0.000178	555.360000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	122,237	143,332	148,635	38,471	2,844	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.350755	0.013502	0.008229	0.000048	28.440000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ALLIED HEALTH-RAD TECH (ASSIGNED TIME)	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME)		
			23.01	23.02		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB				1.01
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
23.00	02300	ALLIED HEALTH-EMS				23.00
23.01	02301	ALLIED HEALTH-RAD TECH	93,545,988			23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS		0		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,473,711	0		54.00
54.01	03440	MAMMOGRAPHY	3,510,055	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	13,102,184	0		54.02
54.03	03630	ULTRA SOUND	8,727,303	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	31,434,467	0		55.00
57.00	05700	CT SCAN	15,489,517	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,808,751	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03190	CHEMOTHERAPY	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,545,988	0		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	FOUNDATION	0	0		194.00
194.01	07951	CHILDRENS CLINIC	0	0		194.01
194.02	07952	PSS ADMINISTRATION	0	0		194.02
194.03	07953	SEXUAL ASSAULT PROGRAM	0	0		194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0		194.04
194.05	07955	HEALTHY FAMILIES	0	0		194.05
194.06	07956	DME-HOME CARE	0	0		194.06
194.07	07957	MARKETING	0	0		194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0		194.08
194.09	07959	MOB	0	0		194.09
194.10	07960	ASC	0	0		194.10
194.11	07961	MAB	0	0		194.11

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet B-1 | Date/Time Prepared: 11/25/2020 8:40 am

		Cost Center Description	ALLIED HEALTH-RAD TECH (ASSIGNED TIME)	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME)		
			23.01	23.02		
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0		194.12
194.13	07962	IDLE SPACE	0	0		194.13
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)	390,484	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004174	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,298	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000099	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 8:40 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,049,067		23,049,067	0	23,049,067	30.00
31.00	03100	INTENSIVE CARE UNIT	10,463,847		10,463,847	0	10,463,847	31.00
41.00	04100	SUBPROVIDER - IRF	2,691,345		2,691,345	0	2,691,345	41.00
43.00	04300	NURSERY	727,311		727,311	0	727,311	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,039,692		24,039,692	235,625	24,275,317	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,825,521		2,825,521	0	2,825,521	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,366,757		4,366,757	0	4,366,757	54.00
54.01	03440	MAMMOGRAPHY	789,948		789,948	0	789,948	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,446,077		1,446,077	0	1,446,077	54.02
54.03	03630	ULTRA SOUND	902,447		902,447	0	902,447	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,347,117		3,347,117	0	3,347,117	55.00
57.00	05700	CT SCAN	1,387,379		1,387,379	0	1,387,379	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	957,409		957,409	0	957,409	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,581,332		2,581,332	0	2,581,332	59.00
60.00	06000	LABORATORY	9,257,738		9,257,738	0	9,257,738	60.00
65.00	06500	RESPIRATORY THERAPY	2,394,220	0	2,394,220	11,277	2,405,497	65.00
66.00	06600	PHYSICAL THERAPY	3,803,660	0	3,803,660	0	3,803,660	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,494,041	0	1,494,041	0	1,494,041	67.00
68.00	06800	SPEECH PATHOLOGY	461,096	0	461,096	0	461,096	68.00
69.00	06900	ELECTROCARDIOLOGY	272,757		272,757	0	272,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,688		1,167,688	0	1,167,688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,773,582		4,773,582	0	4,773,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,534,587		5,534,587	0	5,534,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,062,986		30,062,986	0	30,062,986	73.00
76.00	03190	CHEMOTHERAPY	1,645,088		1,645,088	0	1,645,088	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,502,737		1,502,737	0	1,502,737	90.01
90.02	04950	DIABETIC EDUCATION	0		0	0	0	90.02
90.03	09002	MS CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	9,258,127		9,258,127	0	9,258,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,943,577		1,943,577		1,943,577	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	153,147,133	0	153,147,133	246,902	153,394,035	200.00
201.00		Less Observation Beds	1,943,577		1,943,577		1,943,577	201.00
202.00		Total (see instructions)	151,203,556	0	151,203,556	246,902	151,450,458	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 8:40 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,398,564		37,398,564			30.00
31.00	03100	INTENSIVE CARE UNIT	21,047,609		21,047,609			31.00
41.00	04100	SUBPROVIDER - IRF	4,252,521		4,252,521			41.00
43.00	04300	NURSERY	1,412,153		1,412,153			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,924,331	91,431,515	117,355,846	0.204844	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,953,099	570,383	4,523,482	0.624634	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,277,522	12,196,189	18,473,711	0.236377	0.000000	54.00
54.01	03440	MAMMOGRAPHY	1,154	3,508,901	3,510,055	0.225053	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,232,463	11,869,721	13,102,184	0.110369	0.000000	54.02
54.03	03630	ULTRA SOUND	1,644,433	7,082,870	8,727,303	0.103405	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	388,759	31,045,708	31,434,467	0.106479	0.000000	55.00
57.00	05700	CT SCAN	3,831,146	11,658,371	15,489,517	0.089569	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	685,522	2,123,229	2,808,751	0.340866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,443,200	18,098,537	24,541,737	0.105181	0.000000	59.00
60.00	06000	LABORATORY	31,609,949	49,057,094	80,667,043	0.114765	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	11,641,603	1,842,814	13,484,417	0.177555	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,078,749	5,801,999	8,880,748	0.428304	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,973,505	1,401,941	3,375,446	0.442620	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	476,739	566,235	1,042,974	0.442097	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,062	871,974	873,036	0.312424	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,433	3,709,095	3,859,528	0.302547	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,185,445	9,672,751	17,858,196	0.267305	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,842,824	8,431,693	16,274,517	0.340077	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,461,003	79,757,578	103,218,581	0.291256	0.000000	73.00
76.00	03190	CHEMOTHERAPY	110,141	9,024,979	9,135,120	0.180084	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	7,402	2,799,203	2,806,605	0.535429	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	19,266,684	60,155,767	79,422,451	0.116568	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	756,310	3,480,064	4,236,374	0.458783	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	223,054,325	426,158,611	649,212,936			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	223,054,325	426,158,611	649,212,936			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 8:40 am

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		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
41.00	04100	SUBPROVIDER - IRF	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.206852
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634
53.00	05300	ANESTHESIOLOGY	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377
54.01	03440	MAMMOGRAPHY	0.225053
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369
54.03	03630	ULTRA SOUND	0.103405
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479
57.00	05700	CT SCAN	0.089569
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866
59.00	05900	CARDIAC CATHETERIZATION	0.105181
60.00	06000	LABORATORY	0.114765
65.00	06500	RESPIRATORY THERAPY	0.178391
66.00	06600	PHYSICAL THERAPY	0.428304
67.00	06700	OCCUPATIONAL THERAPY	0.442620
68.00	06800	SPEECH PATHOLOGY	0.442097
69.00	06900	ELECTROCARDIOLOGY	0.312424
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256
76.00	03190	CHEMOTHERAPY	0.180084
		OUTPATIENT SERVICE COST CENTERS	
90.00	09000	CLINIC	0.000000
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429
90.02	04950	DIABETIC EDUCATION	0.000000
90.03	09002	MS CLINIC	0.000000
91.00	09100	EMERGENCY	0.116568
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783
		SPECIAL PURPOSE COST CENTERS	
113.00	11300	INTEREST EXPENSE	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

		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	23,049,067		23,049,067	0	23,049,067	30.00
31.00	03100	INTENSIVE CARE UNIT	10,463,847		10,463,847	0	10,463,847	31.00
41.00	04100	SUBPROVIDER - IRF	2,691,345		2,691,345	0	2,691,345	41.00
43.00	04300	NURSERY	727,311		727,311	0	727,311	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,039,692		24,039,692	235,625	24,275,317	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,825,521		2,825,521	0	2,825,521	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,366,757		4,366,757	0	4,366,757	54.00
54.01	03440	MAMMOGRAPHY	789,948		789,948	0	789,948	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,446,077		1,446,077	0	1,446,077	54.02
54.03	03630	ULTRA SOUND	902,447		902,447	0	902,447	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,347,117		3,347,117	0	3,347,117	55.00
57.00	05700	CT SCAN	1,387,379		1,387,379	0	1,387,379	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	957,409		957,409	0	957,409	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,581,332		2,581,332	0	2,581,332	59.00
60.00	06000	LABORATORY	9,257,738		9,257,738	0	9,257,738	60.00
65.00	06500	RESPIRATORY THERAPY	2,394,220	0	2,394,220	11,277	2,405,497	65.00
66.00	06600	PHYSICAL THERAPY	3,803,660	0	3,803,660	0	3,803,660	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,494,041	0	1,494,041	0	1,494,041	67.00
68.00	06800	SPEECH PATHOLOGY	461,096	0	461,096	0	461,096	68.00
69.00	06900	ELECTROCARDIOLOGY	272,757		272,757	0	272,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167,688		1,167,688	0	1,167,688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,773,582		4,773,582	0	4,773,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,534,587		5,534,587	0	5,534,587	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,062,986		30,062,986	0	30,062,986	73.00
76.00	03190	CHEMOTHERAPY	1,645,088		1,645,088	0	1,645,088	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,502,737		1,502,737	0	1,502,737	90.01
90.02	04950	DIABETIC EDUCATION	0		0	0	0	90.02
90.03	09002	MS CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	9,258,127		9,258,127	0	9,258,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,943,577		1,943,577		1,943,577	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	153,147,133	0	153,147,133	246,902	153,394,035	200.00
201.00		Less Observation Beds	1,943,577		1,943,577		1,943,577	201.00
202.00		Total (see instructions)	151,203,556	0	151,203,556	246,902	151,450,458	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,398,564		37,398,564			30.00
31.00	03100	INTENSIVE CARE UNIT	21,047,609		21,047,609			31.00
41.00	04100	SUBPROVIDER - IRF	4,252,521		4,252,521			41.00
43.00	04300	NURSERY	1,412,153		1,412,153			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,924,331	91,431,515	117,355,846	0.204844	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,953,099	570,383	4,523,482	0.624634	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,277,522	12,196,189	18,473,711	0.236377	0.000000	54.00
54.01	03440	MAMMOGRAPHY	1,154	3,508,901	3,510,055	0.225053	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,232,463	11,869,721	13,102,184	0.110369	0.000000	54.02
54.03	03630	ULTRA SOUND	1,644,433	7,082,870	8,727,303	0.103405	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	388,759	31,045,708	31,434,467	0.106479	0.000000	55.00
57.00	05700	CT SCAN	3,831,146	11,658,371	15,489,517	0.089569	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	685,522	2,123,229	2,808,751	0.340866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,443,200	18,098,537	24,541,737	0.105181	0.000000	59.00
60.00	06000	LABORATORY	31,609,949	49,057,094	80,667,043	0.114765	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	11,641,603	1,842,814	13,484,417	0.177555	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,078,749	5,801,999	8,880,748	0.428304	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,973,505	1,401,941	3,375,446	0.442620	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	476,739	566,235	1,042,974	0.442097	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,062	871,974	873,036	0.312424	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,433	3,709,095	3,859,528	0.302547	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,185,445	9,672,751	17,858,196	0.267305	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,842,824	8,431,693	16,274,517	0.340077	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,461,003	79,757,578	103,218,581	0.291256	0.000000	73.00
76.00	03190	CHEMOTHERAPY	110,141	9,024,979	9,135,120	0.180084	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	7,402	2,799,203	2,806,605	0.535429	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	19,266,684	60,155,767	79,422,451	0.116568	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	756,310	3,480,064	4,236,374	0.458783	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	223,054,325	426,158,611	649,212,936			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	223,054,325	426,158,611	649,212,936			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet C Part I Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

		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
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
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	03440	MAMMOGRAPHY	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630	ULTRA SOUND	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
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
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 PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03190	CHEMOTHERAPY	0.000000		76.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000		90.01
90.02	04950	DIABETIC EDUCATION	0.000000		90.02
90.03	09002	MS CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part I Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,056,576	0	1,056,576	21,299	49.61	30.00
31.00	INTENSIVE CARE UNIT	355,469		355,469	5,924	60.00	31.00
41.00	SUBPROVIDER - IRF	138,620	0	138,620	2,699	51.36	41.00
43.00	NURSERY	60,379		60,379	783	77.11	43.00
200.00	Total (lines 30 through 199)	1,611,044		1,611,044	30,705		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,529	175,074				30.00
31.00	INTENSIVE CARE UNIT	4,126	247,560				31.00
41.00	SUBPROVIDER - IRF	1,254	64,405				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	8,909	487,039				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	908,634	117,355,846	0.007743	9,173,700	71,032	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	216,850	4,523,482	0.047939	1,834	88	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	197,804	18,473,711	0.010707	1,304,906	13,972	54.00
54.01	03440	MAMMOGRAPHY	17,430	3,510,055	0.004966	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	38,749	13,102,184	0.002957	458,928	1,357	54.02
54.03	03630	ULTRA SOUND	18,737	8,727,303	0.002147	610,077	1,310	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	69,144	31,434,467	0.002200	155,826	343	55.00
57.00	05700	CT SCAN	35,318	15,489,517	0.002280	1,276,001	2,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,984	2,808,751	0.009607	212,800	2,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	119,885	24,541,737	0.004885	2,071,594	10,120	59.00
60.00	06000	LABORATORY	270,755	80,667,043	0.003356	10,686,824	35,865	60.00
65.00	06500	RESPIRATORY THERAPY	103,633	13,484,417	0.007685	4,138,806	31,807	65.00
66.00	06600	PHYSICAL THERAPY	152,880	8,880,748	0.017215	735,850	12,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,165	3,375,446	0.018713	296,728	5,553	67.00
68.00	06800	SPEECH PATHOLOGY	19,475	1,042,974	0.018673	85,658	1,599	68.00
69.00	06900	ELECTROCARDIOLOGY	5,914	873,036	0.006774	1,062	7	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,780	3,859,528	0.027148	47,728	1,296	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	92,897	17,858,196	0.005202	2,510,076	13,057	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,509	16,274,517	0.006606	3,243,960	21,430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631,064	103,218,581	0.006114	7,132,748	43,610	73.00
76.00	03190	CHEMOTHERAPY	39,384	9,135,120	0.004311	8,651	37	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,081	2,806,605	0.019982	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	385,492	79,422,451	0.004854	5,680,787	27,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	89,094	4,236,374	0.021031	0	0	92.00
200.00		Total (lines 50 through 199)	3,771,658	585,102,089		49,834,544	297,679	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part III Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	21,299	0.00	3,529	30.00
31.00	03100	INTENSIVE CARE UNIT		0	5,924	0.00	4,126	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,699	0.00	1,254	41.00
43.00	04300	NURSERY		0	783	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	30,705		8,909	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
200.00		Total (lines 30 through 199)	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	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
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	77,109	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	0	14,651	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54,689	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	36,428	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	131,230	55.00
57.00	05700	CT SCAN	0	0	0	0	64,653	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	11,724	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	55,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	446,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:40 am

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		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	117,355,846	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,523,482	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,109	77,109	18,473,711	0.004174	54.00
54.01	03440	MAMMOGRAPHY	0	14,651	14,651	3,510,055	0.004174	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54,689	54,689	13,102,184	0.004174	54.02
54.03	03630	ULTRA SOUND	0	36,428	36,428	8,727,303	0.004174	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	131,230	131,230	31,434,467	0.004175	55.00
57.00	05700	CT SCAN	0	64,653	64,653	15,489,517	0.004174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,724	11,724	2,808,751	0.004174	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,541,737	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	80,667,043	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,484,417	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,880,748	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,375,446	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,042,974	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	873,036	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,859,528	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,858,196	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,274,517	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	103,218,581	0.000000	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,135,120	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	2,806,605	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	55,536	55,536	79,422,451	0.000699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,236,374	0.000000	92.00
200.00		Total (lines 50 through 199)	0	446,020	446,020	585,102,089		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	9,173,700	0	21,978,215	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,834	0	755	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.004174	1,304,906	5,447	2,997,329	12,511	54.00
54.01	03440	MAMMOGRAPHY	0.004174	0	0	178	1	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.004174	458,928	1,916	3,596,474	15,012	54.02
54.03	03630	ULTRA SOUND	0.004174	610,077	2,546	1,172,684	4,895	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.004175	155,826	651	10,465,347	43,693	55.00
57.00	05700	CT SCAN	0.004174	1,276,001	5,326	2,813,099	11,742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.004174	212,800	888	519,025	2,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,071,594	0	3,837,398	0	59.00
60.00	06000	LABORATORY	0.000000	10,686,824	0	6,650,009	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,138,806	0	511,869	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	735,850	0	15,937	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	296,728	0	8,515	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	85,658	0	165,977	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,062	0	372,672	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	47,728	0	841,093	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,510,076	0	2,128,803	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,243,960	0	1,526,347	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,132,748	0	29,800,021	0	73.00
76.00	03190	CHEMOTHERAPY	0.000000	8,651	0	1,047,993	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000	0	0	221,356	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000699	5,680,787	3,971	11,562,901	8,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,163,112	0	92.00
200.00		Total (lines 50 through 199)		49,834,544	20,745	103,397,109	98,102	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.204844	21,978,215	0	0	4,502,105	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634	755	0	0	472	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377	2,997,329	0	0	708,500	54.00
54.01	03440	MAMMOGRAPHY	0.225053	178	0	0	40	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369	3,596,474	0	0	396,939	54.02
54.03	03630	ULTRA SOUND	0.103405	1,172,684	0	0	121,261	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479	10,465,347	0	0	1,114,340	55.00
57.00	05700	CT SCAN	0.089569	2,813,099	0	0	251,966	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866	519,025	0	0	176,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105181	3,837,398	0	0	403,621	59.00
60.00	06000	LABORATORY	0.114765	6,650,009	0	0	763,188	60.00
65.00	06500	RESPIRATORY THERAPY	0.177555	511,869	0	0	90,885	65.00
66.00	06600	PHYSICAL THERAPY	0.428304	15,937	0	0	6,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442620	8,515	0	0	3,769	67.00
68.00	06800	SPEECH PATHOLOGY	0.442097	165,977	0	0	73,378	68.00
69.00	06900	ELECTROCARDIOLOGY	0.312424	372,672	0	0	116,432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547	841,093	0	0	254,470	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305	2,128,803	0	0	569,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077	1,526,347	0	0	519,076	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256	29,800,021	0	12,327	8,679,435	73.00
76.00	03190	CHEMOTHERAPY	0.180084	1,047,993	0	0	188,727	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429	221,356	0	0	118,520	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.116568	11,562,901	0	0	1,347,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783	1,163,112	0	0	533,616	92.00
200.00		Subtotal (see instructions)		103,397,109	0	12,327	20,941,388	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		103,397,109	0	12,327	20,941,388	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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	03440	MAMMOGRAPHY	0	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03	03630	ULTRA SOUND	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,590		73.00
76.00	03190	CHEMOTHERAPY	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	3,590		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	3,590		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part II Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	908,634	117,355,846	0.007743	28,505	221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	216,850	4,523,482	0.047939	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	197,804	18,473,711	0.010707	32,656	350	54.00
54.01	03440	MAMMOGRAPHY	17,430	3,510,055	0.004966	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	38,749	13,102,184	0.002957	9,334	28	54.02
54.03	03630	ULTRA SOUND	18,737	8,727,303	0.002147	15,891	34	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	69,144	31,434,467	0.002200	0	0	55.00
57.00	05700	CT SCAN	35,318	15,489,517	0.002280	22,100	50	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,984	2,808,751	0.009607	9,500	91	58.00
59.00	05900	CARDIAC CATHETERIZATION	119,885	24,541,737	0.004885	22,928	112	59.00
60.00	06000	LABORATORY	270,755	80,667,043	0.003356	377,283	1,266	60.00
65.00	06500	RESPIRATORY THERAPY	103,633	13,484,417	0.007685	127,760	982	65.00
66.00	06600	PHYSICAL THERAPY	152,880	8,880,748	0.017215	597,442	10,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,165	3,375,446	0.018713	599,565	11,220	67.00
68.00	06800	SPEECH PATHOLOGY	19,475	1,042,974	0.018673	129,482	2,418	68.00
69.00	06900	ELECTROCARDIOLOGY	5,914	873,036	0.006774	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,780	3,859,528	0.027148	6,233	169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	92,897	17,858,196	0.005202	45,667	238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,509	16,274,517	0.006606	3,055	20	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	631,064	103,218,581	0.006114	230,217	1,408	73.00
76.00	03190	CHEMOTHERAPY	39,384	9,135,120	0.004311	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	56,081	2,806,605	0.019982	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	385,492	79,422,451	0.004854	17,699	86	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,236,374	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	3,682,564	585,102,089		2,275,317	28,978	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0088
Component CCN: 15-T088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 8:40 am

Title XVIII

Subprovider - IRF

PPS

		Cost Center Description	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
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	77,109	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	0	14,651	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54,689	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	36,428	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	131,230	55.00
57.00	05700	CT SCAN	0	0	0	0	64,653	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	11,724	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	55,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	446,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Subprovider - IRF | PPS

		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	117,355,846	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,523,482	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,109	77,109	18,473,711	0.004174	54.00
54.01	03440	MAMMOGRAPHY	0	14,651	14,651	3,510,055	0.004174	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54,689	54,689	13,102,184	0.004174	54.02
54.03	03630	ULTRA SOUND	0	36,428	36,428	8,727,303	0.004174	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	131,230	131,230	31,434,467	0.004175	55.00
57.00	05700	CT SCAN	0	64,653	64,653	15,489,517	0.004174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,724	11,724	2,808,751	0.004174	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,541,737	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	80,667,043	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,484,417	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,880,748	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,375,446	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,042,974	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	873,036	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,859,528	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,858,196	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,274,517	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	103,218,581	0.000000	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,135,120	0.000000	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	2,806,605	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	55,536	55,536	79,422,451	0.000699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,236,374	0.000000	92.00
200.00		Total (lines 50 through 199)	0	446,020	446,020	585,102,089		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	28,505	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.004174	32,656	136	0	0	54.00
54.01	03440	MAMMOGRAPHY	0.004174	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.004174	9,334	39	0	0	54.02
54.03	03630	ULTRA SOUND	0.004174	15,891	66	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.004175	0	0	0	0	55.00
57.00	05700	CT SCAN	0.004174	22,100	92	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.004174	9,500	40	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	22,928	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	377,283	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	127,760	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	597,442	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	599,565	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	129,482	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,233	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	45,667	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,055	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	230,217	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0.000000	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000699	17,699	12	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		2,275,317	385	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.204844	0	16,519,588	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634	0	367,641	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377	0	3,424,960	0	0	54.00
54.01	03440	MAMMOGRAPHY	0.225053	0	289,565	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369	0	1,444,451	0	0	54.02
54.03	03630	ULTRA SOUND	0.103405	0	1,991,914	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479	0	4,316,740	0	0	55.00
57.00	05700	CT SCAN	0.089569	0	2,771,812	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866	0	357,247	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105181	0	2,571,845	0	0	59.00
60.00	06000	LABORATORY	0.114765	0	12,306,267	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.177555	0	388,869	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.428304	0	982,495	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442620	0	284,906	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.442097	0	115,085	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.312424	0	47,904	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547	0	719,289	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305	0	1,448,741	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077	0	1,556,945	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256	0	8,407,599	0	0	73.00
76.00	03190	CHEMOTHERAPY	0.180084	0	1,075,470	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429	0	1,163,284	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.116568	0	24,242,595	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783	0	796,459	0	0	92.00
200.00		Subtotal (see instructions)		0	87,591,671	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	87,591,671	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D Part V Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	3,383,938	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229,641	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	809,582	0		54.00
54.01	03440	MAMMOGRAPHY	65,167	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	159,423	0		54.02
54.03	03630	ULTRA SOUND	205,974	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	459,642	0		55.00
57.00	05700	CT SCAN	248,268	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	121,773	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	270,509	0		59.00
60.00	06000	LABORATORY	1,412,329	0		60.00
65.00	06500	RESPIRATORY THERAPY	69,046	0		65.00
66.00	06600	PHYSICAL THERAPY	420,807	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	126,105	0		67.00
68.00	06800	SPEECH PATHOLOGY	50,879	0		68.00
69.00	06900	ELECTROCARDIOLOGY	14,966	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	217,619	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,256	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	529,481	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,448,764	0		73.00
76.00	03190	CHEMOTHERAPY	193,675	0		76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	622,856	0		90.01
90.02	04950	DIABETIC EDUCATION	0	0		90.02
90.03	09002	MS CLINIC	0	0		90.03
91.00	09100	EMERGENCY	2,825,911	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	365,402	0		92.00
200.00		Subtotal (see instructions)	15,639,013	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	15,639,013	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	21,299	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,299	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)	19,503	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)	3,529	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)	23,049,067	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)	23,049,067	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)	23,049,067	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)	1,082.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,818,978	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)	3,818,978	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,463,847	5,924	1,766.35	4,126	7,287,960	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)	9,721,549	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	20,828,487	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)	422,634	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	318,424	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	741,058	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	20,087,429	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,796	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,082.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,943,577	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

	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	1,056,576	23,049,067	0.045840	1,943,577	89,094	90.00
91.00	Nursing School cost	0	23,049,067	0.000000	1,943,577	0	91.00
92.00	Allied health cost	0	23,049,067	0.000000	1,943,577	0	92.00
93.00	All other Medical Education	0	23,049,067	0.000000	1,943,577	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,699	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,699	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)	2,699	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,254	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)	2,691,345	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)	2,691,345	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)	2,691,345	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)	997.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,250,439	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,250,439	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	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)	752,764	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,003,203	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)	64,405	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	29,363	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	93,768	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,909,435	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Subprovider - IRF	PPS

	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	138,620	2,691,345	0.051506	0	0	90.00
91.00	Nursing School cost	0	2,691,345	0.000000	0	0	91.00
92.00	Allied health cost	0	2,691,345	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,691,345	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	21,299	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,299	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)	19,503	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,474	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)	783	15.00
16.00	Nursery days (title V or XIX only)	557	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)	23,049,067	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)	23,049,067	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)	23,049,067	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)	1,082.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,595,119	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,595,119	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	727,311	783	928.88	557	517,386	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,463,847	5,924	1,766.35	266	469,849	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)	8,161,965	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	10,744,319	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)	1,796	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,082.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,943,577	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 8:40 am
	Title XIX	Hospital	Cost

	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	1,056,576	23,049,067	0.045840	1,943,577	89,094	90.00
91.00	Nursing School cost	0	23,049,067	0.000000	1,943,577	0	91.00
92.00	Allied health cost	0	23,049,067	0.000000	1,943,577	0	92.00
93.00	All other Medical Education	0	23,049,067	0.000000	1,943,577	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 8:40 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,699	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,699	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)	2,699	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)	122	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)	783	15.00
16.00	Nursery days (title V or XIX only)	557	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)	2,691,345	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)	2,691,345	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)	2,691,345	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)	997.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	121,654	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)	121,654	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-1 | Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	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)	117,055	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	238,709	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 8:40 am
	Title XIX	Subprovider - IRF	Cost

	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	138,620	2,691,345	0.051506	0	0	90.00
91.00	Nursing School cost	0	2,691,345	0.000000	0	0	91.00
92.00	Allied health cost	0	2,691,345	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,691,345	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		6,102,575		30.00
31.00	03100	INTENSIVE CARE UNIT		11,379,216		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206852	9,173,700	1,897,598	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634	1,834	1,146	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377	1,304,906	308,450	54.00
54.01	03440	MAMMOGRAPHY	0.225053	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369	458,928	50,651	54.02
54.03	03630	ULTRA SOUND	0.103405	610,077	63,085	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479	155,826	16,592	55.00
57.00	05700	CT SCAN	0.089569	1,276,001	114,290	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866	212,800	72,536	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105181	2,071,594	217,892	59.00
60.00	06000	LABORATORY	0.114765	10,686,824	1,226,473	60.00
65.00	06500	RESPIRATORY THERAPY	0.178391	4,138,806	738,326	65.00
66.00	06600	PHYSICAL THERAPY	0.428304	735,850	315,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442620	296,728	131,338	67.00
68.00	06800	SPEECH PATHOLOGY	0.442097	85,658	37,869	68.00
69.00	06900	ELECTROCARDIOLOGY	0.312424	1,062	332	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547	47,728	14,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305	2,510,076	670,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077	3,243,960	1,103,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256	7,132,748	2,077,456	73.00
76.00	03190	CHEMOTHERAPY	0.180084	8,651	1,558	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.116568	5,680,787	662,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		49,834,544	9,721,549	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)		49,834,544		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 8:40 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		1,958,665		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206852	28,505	5,896	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377	32,656	7,719	54.00
54.01	03440	MAMMOGRAPHY	0.225053	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369	9,334	1,030	54.02
54.03	03630	ULTRA SOUND	0.103405	15,891	1,643	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479	0	0	55.00
57.00	05700	CT SCAN	0.089569	22,100	1,979	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866	9,500	3,238	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105181	22,928	2,412	59.00
60.00	06000	LABORATORY	0.114765	377,283	43,299	60.00
65.00	06500	RESPIRATORY THERAPY	0.178391	127,760	22,791	65.00
66.00	06600	PHYSICAL THERAPY	0.428304	597,442	255,887	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442620	599,565	265,379	67.00
68.00	06800	SPEECH PATHOLOGY	0.442097	129,482	57,244	68.00
69.00	06900	ELECTROCARDIOLOGY	0.312424	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547	6,233	1,886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305	45,667	12,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077	3,055	1,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256	230,217	67,052	73.00
76.00	03190	CHEMOTHERAPY	0.180084	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.116568	17,699	2,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,275,317	752,764	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)		2,275,317		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Hospital | Cost

		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		12,236,774		30.00
31.00	03100	INTENSIVE CARE UNIT		4,740,187		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		997,605		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.204844	5,200,851	1,065,363	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634	3,403,530	2,125,961	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377	1,301,499	307,644	54.00
54.01	03440	MAMMOGRAPHY	0.225053	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369	231,439	25,544	54.02
54.03	03630	ULTRA SOUND	0.103405	378,996	39,190	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479	59,611	6,347	55.00
57.00	05700	CT SCAN	0.089569	800,435	71,694	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866	151,564	51,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105181	1,227,366	129,096	59.00
60.00	06000	LABORATORY	0.114765	7,446,816	854,634	60.00
65.00	06500	RESPIRATORY THERAPY	0.177555	2,086,861	370,533	65.00
66.00	06600	PHYSICAL THERAPY	0.428304	387,261	165,865	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442620	113,459	50,219	67.00
68.00	06800	SPEECH PATHOLOGY	0.442097	30,965	13,690	68.00
69.00	06900	ELECTROCARDIOLOGY	0.312424	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547	33,602	10,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305	1,076,312	287,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077	1,034,049	351,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256	5,487,794	1,598,353	73.00
76.00	03190	CHEMOTHERAPY	0.180084	14,014	2,524	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429	4,872	2,609	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.116568	5,417,522	631,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		35,888,818	8,161,965	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)		35,888,818		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0088 | Component CCN: 15-T088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet D-3 | Date/Time Prepared: 11/25/2020 8:40 am

Title XIX | Subprovider - IRF | Cost

		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		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		702,264		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.204844	8,991	1,842	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.624634	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236377	2,577	609	54.00
54.01	03440	MAMMOGRAPHY	0.225053	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.110369	0	0	54.02
54.03	03630	ULTRA SOUND	0.103405	705	73	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106479	0	0	55.00
57.00	05700	CT SCAN	0.089569	2,550	228	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.340866	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105181	0	0	59.00
60.00	06000	LABORATORY	0.114765	64,550	7,408	60.00
65.00	06500	RESPIRATORY THERAPY	0.177555	1,701	302	65.00
66.00	06600	PHYSICAL THERAPY	0.428304	94,417	40,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442620	91,034	40,293	67.00
68.00	06800	SPEECH PATHOLOGY	0.442097	32,221	14,245	68.00
69.00	06900	ELECTROCARDIOLOGY	0.312424	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.302547	409	124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267305	2,910	778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340077	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291256	36,786	10,714	73.00
76.00	03190	CHEMOTHERAPY	0.180084	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.535429	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.116568	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.458783	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		338,851	117,055	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)		338,851		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	3,421,867	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,776,081	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)	117,502	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	454,784	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)	138.70	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)	4.49	30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.86	31.00
32.00	Sum of lines 30 and 31	36.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)	19.20	33.00
34.00	Disproportionate share adjustment (see instructions)	681,502	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 8:40 am
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		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)	0.000294297	0.000225025	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,434,682	1,879,093	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	613,674	1,406,753	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,020,427		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	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 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	17,472,163		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)		17,472,163	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,240,716	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		35,012	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 intructions)		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)		20,745	58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,768,636	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,768,636	61.00
62.00	Deductibles billed to program beneficiaries		1,574,408	62.00
63.00	Coinsurance billed to program beneficiaries		73,502	63.00
64.00	Allowable bad debts (see instructions)		366,649	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		238,322	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		76,638	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,359,048	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)			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)		-34,176	70.93
70.94	HRR adjustment amount (see instructions)		-49,954	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 8:40 am
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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,274,918	71.00
71.01	Sequestration adjustment (see instructions)		288,491	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		16,267,375	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		719,052	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		394,819	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	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	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	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision 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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/25/2020 8:40 am

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		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	3,421,867	0	3,421,867		3,421,867	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,776,081	0		10,776,081	10,776,081	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	117,502	0	117,502		117,502	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	454,784	0		454,784	454,784	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	0.1920	0.1920	0.1920	0.1920		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	681,502	0	164,250	517,252	681,502	11.00
11.01	Uncompensated care payments	36.00	2,020,427	0	321,525	870,488	1,192,013	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	17,472,163	0	4,025,144	13,447,019	17,472,163	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	17,472,163	0	4,025,144	13,447,019	17,472,163	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,240,716	0	303,255	937,461	1,240,716	16.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/25/2020 8:40 am

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		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 aquisition 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	4,328,399	14,384,480	18,712,879	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	1,134,428	0	278,414	856,014	1,134,428	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	19,618	0	3,570	16,048	19,618	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	0.0764	0.0764	0.0764	0.0764		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	86,670	0	21,271	65,399	86,670	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,240,716	0	303,255	937,461	1,240,716	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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2020 8:40 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,421,867	3,421,867		3,421,867	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,776,081		10,776,081	10,776,081	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	117,502	117,502		117,502	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	454,784		454,784	454,784	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	0.1920	0.1920	0.1920		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	681,502	164,250	517,252	681,502	11.00
11.01	Uncompensated care payments	36.00	2,020,427	466,425	1,821,010	2,287,435	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	17,472,163	4,170,044	13,302,119	17,472,163	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	17,472,163	4,170,044	13,302,119	17,472,163	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,240,716	303,255	937,461	1,240,716	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			4,473,299	14,239,580	18,712,879	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2020 8:40 am
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		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	1,134,428	278,414	856,014	1,134,428	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	19,618	3,570	16,048	19,618	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	0.0764	0.0764	0.0764		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	86,670	21,271	65,399	86,670	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,240,716	303,255	937,461	1,240,716	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	-34,176	260	-34,436	-34,176	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	-49,954	-28,402	-21,552	-49,954	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: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 8:40 am
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	3,590	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,843,286	2.00
3.00	OPPS payments	17,347,623	3.00
4.00	Outlier payment (see instructions)	142,033	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	98,102	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	3,590	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	12,327	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)	12,327	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 chargebasis 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)	12,327	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	8,737	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)	3,590	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)	17,587,758	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)	3,442,292	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)	14,149,056	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)	14,149,056	30.00
31.00	Primary payer payments	1,157	31.00
32.00	Subtotal (line 30 minus line 31)	14,147,899	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)	751,039	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	488,175	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	272,692	36.00
37.00	Subtotal (see instructions)	14,636,074	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	14,636,074	40.00
40.01	Sequestration adjustment (see instructions)	244,422	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	14,200,323	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	191,329	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	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: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part I Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,267,375		14,200,323	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,267,375		14,200,323	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		719,052		191,329	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,986,427		14,391,652	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part I Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Subprovider - IRF	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		2,190,787		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,190,787		0	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		42,013		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,232,800		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,124,653	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0329	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	138,315	3.00
4.00	Outlier Payments	23,477	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	7.374317	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2,286,445	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,286,445	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,286,445	19.00
20.00	Deductibles	16,456	20.00
21.00	Subtotal (line 19 minus line 20)	2,269,989	21.00
22.00	Coinsurance	1,364	22.00
23.00	Subtotal (line 21 minus line 22)	2,268,625	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,632	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,711	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,270,336	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	385	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,270,721	32.00
32.01	Sequestration adjustment (see instructions)	37,921	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	2,190,787	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	42,013	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	35,057	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	23,477	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 8:40 am
	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	10,744,319		1.00
2.00	Medical and other services		15,639,013	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	10,744,319	15,639,013	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)	10,744,319	15,639,013	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	10,846,386		8.00
9.00	Ancillary service charges	35,888,818	87,591,671	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)	46,735,204	87,591,671	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)	46,735,204	87,591,671	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	35,990,885	71,952,658	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)	10,744,319	15,639,013	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)	10,744,319	15,639,013	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)	10,744,319	15,639,013	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	10,744,319	15,639,013	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	10,744,319	15,639,013	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)	10,744,319	15,639,013	40.00
41.00	Interim payments	10,744,319	15,639,013	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 8:40 am
	Title XIX	Subprovider - IRF	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	238,709		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)	238,709	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)	238,709	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	702,264		8.00
9.00	Ancillary service charges	338,851	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)	1,041,115	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)	1,041,115	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	802,406	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)	238,709	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)	238,709	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)	238,709	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	238,709	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	238,709	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)	238,709	0	40.00
41.00	Interim payments	238,709	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G | Date/Time Prepared: 11/25/2020 8:40 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	23,781	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	62,988,236	0	0	0	4.00
5.00	Other receivable	4,491,828	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-38,467,813	0	0	0	6.00
7.00	Inventory	3,849,861	0	0	0	7.00
8.00	Prepaid expenses	-924	0	0	0	8.00
9.00	Other current assets	2,641,303	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)	35,526,272	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,752,365	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	103,599,696	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	70,507,668	0	0	0	23.00
24.00	Accumulated depreciation	-122,153,982	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)	58,998,349	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	64,534	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	64,534	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	94,589,155	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	6,982,606	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,231,045	0	0	0	38.00
39.00	Payroll taxes payable	522,968	0	0	0	39.00
40.00	Notes and loans payable (short term)	230,151	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	52,757,362	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,724,132	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	14,388,660	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	618,944	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,007,604	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	78,731,736	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	15,857,419				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	15,857,419	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	94,589,155	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-1 | Date/Time Prepared: 11/25/2020 8:40 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		46,353,755		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,510,243				2.00
3.00	Total (sum of line 1 and line 2)		53,863,998		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		53,863,998		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	MISCELLANEOUS	38,006,579		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		38,006,579		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		15,857,419		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	MISCELLANEOUS		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: 15-0088 | Period: From 07/01/2019 To 06/30/2020 | Worksheet G-2 Parts I & II | Date/Time Prepared: 11/25/2020 8:40 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	44,185,226		44,185,226	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,264,718		4,264,718	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	48,449,944		48,449,944	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	21,368,537		21,368,537	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)	21,368,537		21,368,537	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,818,481		69,818,481	17.00
18.00	Ancillary services	138,370,931	363,417,817	501,788,748	18.00
19.00	Outpatient services	0	82,669,391	82,669,391	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	OTHER (SPECIFY)	0	0	0	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	208,189,412	446,087,208	654,276,620	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,637,991		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)		175,637,991		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet G-3 Date/Time Prepared: 11/25/2020 8:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	654,276,620	1.00
2.00	Less contractual allowances and discounts on patients' accounts	477,307,582	2.00
3.00	Net patient revenues (line 1 minus line 2)	176,969,038	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,637,991	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,331,047	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	146	13.00
14.00	Revenue from meals sold to employees and guests	519,732	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	4,236	17.00
18.00	Revenue from sale of medical records and abstracts	26,588	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	42,342	21.00
22.00	Rental of hospital space	801,937	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICE REVENUE	2,832	24.00
24.01	SHARED SERVICE REVENUE	229,972	24.01
24.03	GRANTS REVENUE	374,044	24.03
24.04	MISC REVENUE	166,892	24.04
24.05	SCHOOL OF RAD TECH	15,014	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	CONTRACT SERVICE REVENUE	39,619	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	RESEARCH REVENUE	69,664	24.09
24.10	ASSETS RELEASED FROM RESTRICTED FUND	65,116	24.10
24.11	GAIN ON DISPOSAL OF ASSET	66,216	24.11
24.50	COVID-19 PHE Funding	3,754,846	24.50
25.00	Total other income (sum of lines 6-24)	6,179,196	25.00
26.00	Total (line 5 plus line 25)	7,510,243	26.00
27.00	EHR	0	27.00
27.01	RESTRUCTURING EXPENSE	0	27.01
27.02	FUND RAISING ACTIVITIES	0	27.02
27.03	OTHER EXPENSES	0	27.03
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)	7,510,243	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/25/2020 8:40 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,134,428	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	19,618	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)	70.24	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)	4.49	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.86	8.00
9.00	Sum of lines 7 and 8	36.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.64	10.00
11.00	Disproportionate share adjustment (see instructions)	86,670	11.00
12.00	Total prospective capital payments (see instructions)	1,240,716	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