

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all inter 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: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/13/2021 4:26 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 7/13/2021 Time: 4:26 pm

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) TODD WILLIAMS
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	640,402	-374,109	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
200.00 Total	0	640,402	-374,109	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 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 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: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/13/2021 4:26 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47905		4.00 County: TIPPECANOE					
1.00 Street: 6165 MCCARTY LANE		2.00 City: LAFAYETTE									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
					From:		To:				
					1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2020		12/31/2020		20.00		
21.00	Type of Control (see instructions)				2				21.00		
					1.00		2.00		3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				1,630	605	17	44	7,389	30	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part 1 Date/Time Prepared: 7/13/2021 4:26 pm		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
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.							25.00
					Urban/Rural Status	Date of Geographic Classification		
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the 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 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)				with	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.				with	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.				or Y/N	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				GME			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.				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

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
			1.00	2.00	3.00		4.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)	FAMILY MEDICINE	1350	2.68	9.27	0.224268	67.00
			1.00	2.00	3.00		
70.00	<u>Inpatient Psychiatric Facility PPS</u> Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						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
<u>Inpatient Rehabilitation Facility PPS</u>							
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.						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)					0	76.00

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			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		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		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		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		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		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. 1, 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. 1? 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		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		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, 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. 1 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)				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)				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.					109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/13/2021 4:26 pm
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	934,982	0	0
			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 §312N 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 §312I and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		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	5.06	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/13/2021 4:26 pm		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00		
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00		
				1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	Y	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				N 158.00	
159.00	SNF	N	N	N	N 159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N 160.00	
161.00	CMHC		N	N	N 161.00	
				1.00		
Multi campus						
165.00	Is this hospital part of a 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
		0	1.00	2.00	3.00	4.00
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/13/2021 4:26 pm
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	1,939 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/13/2021 4:26 pm		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00	
			Y/N	Date	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 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 reporting period? If yes, see instructions.		N		8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current 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.				13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/02/2021	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		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		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/13/2021 4:26 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 11 Date/Time Prepared: 7/13/2021 4:26 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	154	56,364	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)		154	56,364	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	17	6,222	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		185	67,710	0.00	0	14.00
15.00 CAH vi s i t s					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		185				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)		7	2,562			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

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)	15,266	741	37,810			1.00
2.00 HMO and other (see instructions)	8,120	7,021				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,266	741	37,810			7.00
8.00 INTENSIVE CARE UNIT	990	394	2,799			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	334	2,538			12.00
13.00 NURSERY		1,195	2,505			13.00
14.00 Total (see instructions)	16,256	2,664	45,652	11.95	1,871.83	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			177			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)				11.95	1,871.83	27.00
28.00 Observation Bed Days		49	4,562			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	30	716			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: 15-0173

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

Worksheet S-3
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,421	247	11,255	1.00	
2.00 HMO and other (see instructions)			1,559	1,528		2.00	
3.00 HMO IPF Subprovider				0		3.00	
4.00 HMO IRF Subprovider				0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
10.01 BURN INTENSIVE CARE UNIT						10.01	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	3,421	247	11,255	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days			0			33.00	
33.01 LTCH site neutral days and discharges			0			33.01	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part II
Date/Time Prepared:
7/13/2021 4:26 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	190,185,970	-551,055	189,634,915	3,893,396.89	48.71
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		194,355	0	194,355	2,062.50	94.23
4.00	Physician-Part A - Administrative		2,293,579	0	2,293,579	12,555.99	182.67
4.01	Physicians - Part A - Teaching		315,469	0	315,469	2,678.23	117.79
5.00	Physician and Non Physician-Part B		17,985,866	0	17,985,866	126,619.52	142.05
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		727,882	0	727,882	10,608.00	68.62
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		94,025,652	1,322,006	95,347,658	1,403,654.66	67.93
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,624,572	0	1,624,572	16,167.00	100.49
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,784,264	0	1,784,264	12,948.43	137.80
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		41,035,023	0	41,035,023	1,010,472.07	40.61
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,150,920	0	19,150,920		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		16,027,581	0	16,027,581		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		25,826	0	25,826		
22.00	Physician Part A - Administrative		203,790	0	203,790		
22.01	Physician Part A - Teaching		36,182	0	36,182		
23.00	Physician Part B		1,839,385	0	1,839,385		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		16,267,015	0	16,267,015		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part 11
Date/Time Prepared:
7/13/2021 4:26 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,767,938	3,888	1,771,826	1.00	1,771,826.00	26.00
27.00	Administrative & General	11,184,645	-946,467	10,238,178	291,008.48	35.18	27.00
28.00	Administrative & General under contract (see inst.)	182,048	0	182,048	994.00	183.15	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,951,493	-84,843	1,866,650	72,489.94	25.75	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,669,438	-20,566	2,648,872	171,517.19	15.44	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	882,836	-340,216	542,620	36,824.82	14.74	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	335,491	335,491	22,571.53	14.86	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,527,960	-92,036	3,435,924	100,211.83	34.29	38.00
39.00	Central Services and Supply	358,458	-32,922	325,536	16,177.80	20.12	39.00
40.00	Pharmacy	3,954,285	-565,215	3,389,070	81,259.67	41.71	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	562,583	-5,411	557,172	19,551.50	28.50	42.00
43.00	Other General Service	502,412	0	502,412	32,990.50	15.23	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet S-3 Part III Date/Time Prepared: 7/13/2021 4:26 pm	
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
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	171,144,446	-551,055	170,593,391	3,752,422.64	45.46	1.00
2.00	Excluded area salaries (see instructions)	94,025,652	1,322,006	95,347,658	1,403,654.66	67.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	77,118,794	-1,873,061	75,245,733	2,348,767.98	32.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,443,859	0	44,443,859	1,039,587.50	42.75	4.00
5.00	Subtotal wage-related costs (see inst.)	35,621,725	0	35,621,725	0.00	47.34	5.00
6.00	Total (sum of lines 3 thru 5)	157,184,378	-1,873,061	155,311,317	3,388,355.48	45.84	6.00
7.00	Total overhead cost (see instructions)	27,544,096	-1,748,297	25,795,799	845,598.26	30.51	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0173

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

Worksheet S-3
Part IV
Date/Time Prepared:
7/13/2021 4:26 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,765,603	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,449,991	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	567,937	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	92,264	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	819,565	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	610,426	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 cumulative portion)	Non 0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,865,306	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	112,591	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	37,283,683	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: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/13/2021 4:26 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,624,572	37,283,683	1.00
2.00	Hospital	1,624,572	19,150,920	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	18,132,763	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0173

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

Worksheet S-10

Date/Time Prepared:
7/13/2021 4:26 pm

		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)	0.201463	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	23,916,379	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	190,572,390	6.00		
7.00	Medicaid cost (line 1 times line 6)	38,393,285	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)	<14,476,906	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)	23,963	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	338,211	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	68,137	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)	44,174	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 17, 18 and 16)	814,121,080	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)	24,042,081	535,972	24,578,053	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,843,590	535,972	5,379,562	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)	4,843,590	535,972	5,379,562	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00		
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00		
26.00	Total bad debt expense for the entire hospital complex (see instructions)	21,941,499	26.00		
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	165,973	27.00		
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	255,343	27.01		
28.00	Non-Medicare bad debt expense (see instructions)	21,686,156	28.00		
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	4,458,328	29.00		
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,837,890	30.00		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	24,358,970	31.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/13/2021 4:26 pm			
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified Trial Balance (col. 3 +/- col. 4)	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		0	0	4,936,229	4,936,229	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	2,595,682	2,595,682	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		0	0	0	0	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,969,099	4,969,099	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	4,119,400	4,119,400	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,767,938	866,539	2,634,477	25,049,966	27,684,443	4.00
5.01	00570	ADMINISTRATION	3,077,511	1,690,877	4,768,388	-1,069,063	3,699,325	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,107,134	63,344,750	71,451,884	26,233,276	97,685,160	5.06
7.00	00700	OPERATION OF PLANT	1,633,878	14,296,529	15,930,407	-5,705,875	10,224,532	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	317,615	6,584,637	6,902,252	-2,946,676	3,955,576	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,782	4,782	8.00
9.00	00900	HOUSEKEEPING	2,669,438	2,436,172	5,105,610	-984,134	4,121,476	9.00
10.00	01000	DIETARY	882,836	1,809,456	2,692,292	-948,567	1,743,725	10.00
11.00	01100	CAFETERIA	0	0	0	539,642	539,642	11.00
13.00	01300	NURSING ADMINISTRATION	3,527,960	1,775,707	5,303,667	-1,066,356	4,237,311	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	358,458	1,109,929	1,468,387	9,515,202	10,983,589	14.00
15.00	01500	PHARMACY	3,954,285	8,236,941	12,191,226	-8,179,914	4,011,312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	562,583	152,569	715,152	-106,162	608,990	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	502,412	251,434	753,846	-82,288	671,558	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	727,882	727,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	362,807	888,736	1,251,543	-334,862	916,681	22.00
23.00	02300	PARAMEDICAL PRGM - PHARMACY	90,202	13,308	103,510	138,418	241,928	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,586,580	10,270,946	36,857,526	-6,336,452	30,521,074	30.00
31.00	03100	INTENSIVE CARE UNIT	2,518,188	2,252,583	4,770,771	-1,051,920	3,718,851	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,057,130	1,025,612	4,082,742	-764,024	3,318,718	35.00
43.00	04300	NURSERY	0	0	0	702,596	702,596	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,463,504	12,010,144	16,473,648	-11,429,465	5,044,183	50.00
51.00	05100	RECOVERY ROOM	580,304	232,931	813,235	-178,198	635,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,322,563	1,017,699	3,340,262	-819,150	2,521,112	52.00
53.00	05300	ANESTHESIOLOGY	9,328,710	4,235,297	13,564,007	-2,405,165	11,158,842	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	78,628	78,628	-78,310	318	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,698,386	5,787,486	9,485,872	-5,278,509	4,207,363	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	232,116	681,901	914,017	-648,019	265,998	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,274,898	3,732,538	5,007,436	-3,347,501	1,659,935	59.00
60.00	06000	LABORATORY	0	9,336,051	9,336,051	-64,371	9,271,680	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	717,685	717,685	-3,665	714,020	63.00
65.00	06500	RESPIRATORY THERAPY	1,736,217	1,292,345	3,028,562	-1,141,557	1,887,005	65.00
66.00	06600	PHYSICAL THERAPY	619,213	148,083	767,296	-101,582	665,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	356,231	142,071	498,302	-74,366	423,936	67.00
68.00	06800	SPEECH PATHOLOGY	264,281	81,046	345,327	-47,140	298,187	68.00
69.00	06900	ELECTROCARDIOLOGY	1,161,377	959,430	2,120,807	-705,377	1,415,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	77,392	20,384	97,776	-15,119	82,657	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,917,383	6,917,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,038,474	9,038,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	39,085,581	39,085,581	73.00
74.00	07400	RENAL DIALYSIS	0	703,935	703,935	-17,697	686,238	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,158,532	5,163,020	8,321,552	-4,361,479	3,960,073	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	98,752	349,857	448,609	-190,464	258,145	76.01
76.97	07697	CARDIAC REHABILITATION	303,535	250,170	553,705	-111,459	442,246	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	369,944	193,643	563,587	-130,877	432,710	90.01
90.02	09001	ANTI COAGULATION CLINIC	471,100	302,623	773,723	-74,713	699,010	90.02
90.03	09002	ARNETT CANCER CARE CENTER	925,998	26,049,756	26,975,754	-25,627,994	1,347,760	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	10,053	7,799	17,852	-2,173	15,679	90.04
91.00	09100	EMERGENCY	4,820,459	4,762,661	9,583,120	-2,199,706	7,383,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	96,250,520	195,263,908	291,514,428	45,942,861	337,457,289	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
7/13/2021 4:26 pm

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,395	95,910	128,305	-13,879	114,426	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,275,123	65,259,154	158,534,277	-48,971,495	109,562,782	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	627,932	5,154,131	5,782,063	-103,087	5,678,976	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	1,898,884	1,898,884	193.02
193.03	19303	HOSPICE	0	2,670	2,670	0	2,670	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	1,246,716	1,246,716	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	190,185,970	265,775,773	455,961,743	0	455,961,743	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,234,632	6,170,861	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	2,595,682	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	11,065,720	11,065,720	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,344,891	7,313,990	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	4,119,400	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,526,166	40,210,609	4.00
5.01	00570	ADMINISTRATIVE	-10,851	3,688,474	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-14,787,374	82,897,786	5.06
7.00	00700	OPERATION OF PLANT	-4,402	10,220,130	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-83,589	3,871,987	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,782	8.00
9.00	00900	HOUSEKEEPING	0	4,121,476	9.00
10.00	01000	DIETARY	0	1,743,725	10.00
11.00	01100	CAFETERIA	-435,227	104,415	11.00
13.00	01300	NURSING ADMINISTRATION	-8,546	4,228,765	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-10,975	10,972,614	14.00
15.00	01500	PHARMACY	-73,984	3,937,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	608,990	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	671,558	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	727,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	916,681	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	-30,000	211,928	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,454,624	22,066,450	30.00
31.00	03100	INTENSIVE CARE UNIT	-144,208	3,574,643	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-955,961	2,362,757	35.00
43.00	04300	NURSERY	0	702,596	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,044,183	50.00
51.00	05100	RECOVERY ROOM	0	635,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-902	2,520,210	52.00
53.00	05300	ANESTHESIOLOGY	-9,679,305	1,479,537	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	318	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,200	4,198,163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	265,998	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,659,935	59.00
60.00	06000	LABORATORY	0	9,271,680	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	714,020	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,887,005	65.00
66.00	06600	PHYSICAL THERAPY	0	665,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	423,936	67.00
68.00	06800	SPEECH PATHOLOGY	0	298,187	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,415,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	82,657	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,917,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,038,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,085,581	73.00
74.00	07400	RENAL DIALYSIS	0	686,238	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	3,960,073	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	-55,073	203,072	76.01
76.97	07697	CARDIAC REHABILITATION	0	442,246	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	-182	432,528	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	699,010	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	1,347,760	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	15,679	90.04
91.00	09100	EMERGENCY	-836,596	6,546,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,409,590	329,047,699	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	114,426	190.00
191.00	19100	RESEARCH	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,594,619	107,968,163	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	5,678,976	193.01
193.02	19302	WHITE HOSPITAL	0	1,898,884	193.02
193.03	19303	HOSPICE	0	2,670	193.03
193.04	19304	FRANKFORT HOSPITAL	0	1,246,716	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,004,209	445,957,534	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NONBILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,011,040	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	3,713	2.00
3.00	NURSING ADMINISTRATION	13.00	0	35,342	3.00
4.00	SOCIAL SERVICE	17.00	0	18	4.00
5.00	RADIOISOTOPE	56.00	0	9,858	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	103,223	6.00
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	10	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
0			0	10,163,204	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,917,383	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
0			0	6,917,383	
C - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,038,474	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,163	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	9,039,637	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	39,085,581	1.00
2.00	ADMITTING	5.01	0	2,470	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	52	3.00
4.00	HOUSEKEEPING	9.00	0	682	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	0		0	39,088,785	
E - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,046,078	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
7/13/2021 4:26 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	0		0	25,046,078	
F - CAFETERIA					
1.00	CAFETERIA	11.00	335,491	204,151	1.00
	0		335,491	204,151	
G - PROPERTY TAX					
1.00	OPERATION OF PLANT	7.00	0	284	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	41,410	2.00
	0		0	41,694	
H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	213,863	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	33,406	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,962	3.00
	0		0	259,231	
I - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	307,151	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	684,814	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	496,749	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	160,780	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	1,649,494	
J - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,328	1.00
	0		0	1,328	
K - HOUSEKEEPING SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	147,142	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	0		0	147,142	
L - LAUNDRY SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,782	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	116	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
7/13/2021 4:26 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	4,898	
O - TELEPHONE RECLASS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	11,162	1.00
2.00	SPEECH PATHOLOGY	68.00	0	42	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	0		0	11,204	
P - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,415,499	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,918,872	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,460,388	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	3,957,292	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	0		0	14,752,051	
Q - FMLA RECLASS					
1.00	ADMITTING	5.01	0	15,881	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	17,463	2.00
3.00	HOUSEKEEPING	9.00	0	20,566	3.00
4.00	DIETARY	10.00	0	4,725	4.00
5.00	NURSING ADMINISTRATION	13.00	0	31,176	5.00
6.00	PHARMACY	15.00	0	42,635	6.00
7.00	SOCIAL SERVICE	17.00	0	5,411	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	112,032	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	12,599	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,625	10.00
11.00	OPERATING ROOM	50.00	0	13,884	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,043	12.00
13.00	ANESTHESIOLOGY	53.00	0	7,634	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,354	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	6,080	15.00
16.00	RESPIRATORY THERAPY	65.00	0	12,338	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	2,838	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	16,193	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,133	19.00
20.00	ASC (NON-DIAGNOSTIC PART)	75.01	0	17,649	20.00
21.00	SLEEP CLINIC	90.01	0	120	21.00
22.00	ANTI COAGULATION CLINIC	90.02	0	3,441	22.00
23.00	ARNETT CANCER CARE CENTER	90.03	0	2,922	23.00
24.00	EMERGENCY	91.00	0	34,792	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	136,521	25.00
	0		0	551,055	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
R - NURSERY					
1.00	NURSERY	43.00	641,535	61,061	1.00
2.00		0.00	0	0	2.00
	TOTALS		641,535	61,061	
U - CORPORATE ADMIN EXPENSE					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	32,588,637	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	32,588,637	
V - GENERAL SURGERY LAF METRO - HOSPITAL					
1.00	OPERATING ROOM	50.00	97,591	46,742	1.00
2.00	ASC (NON-DISTINCT PART)	75.01	48,795	23,371	2.00
	TOTALS		146,386	70,113	
W - MEDICAL DIRECTOR FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	142,875	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	25,950	2.00
	TOTALS		0	168,825	
X - ARNETT TO WHITE ALLOCATION					
1.00	WHITE HOSPITAL	193.02	1,142,085	756,799	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		1,142,085	756,799	
Y - ARNETT TO FRANKFORT ALLOCATION					
1.00	FRANKFORT HOSPITAL	193.04	752,969	493,747	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		752,969	493,747	
Z - RESIDENCY STAFF					
1.00	I&R SERVICES-OTHER PRGM. COSTS	22.00	394,810	25,328	1.00
	APPRVD				
	TOTALS		394,810	25,328	
AA - EMERGENCY PREPAREDNESS NURSING					
1.00	ADULTS & PEDIATRICS	30.00	0	1,293,591	1.00
	TOTALS		0	1,293,591	
AB - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	0	727,882	1.00
	APPRVD				
	TOTALS		0	727,882	
AC - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - PHARMACY	23.00	129,118	9,878	1.00
2.00		0.00	0	0	2.00
	TOTALS		129,118	9,878	
AD - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,888	0	1.00
	TOTALS		3,888	0	
500.00	Grand Total: Increases		3,546,282	144,073,196	500.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
7/13/2021 4:26 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NONBILLABLE SUPPLIES							
1.00	ADMITTING	5.01	0	4,176	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	272,157	0		2.00
3.00	OPERATION OF PLANT	7.00	0	137,561	0		3.00
4.00	HOUSEKEEPING	9.00	0	232,347	0		4.00
5.00	DIETARY	10.00	0	2,005	0		5.00
6.00	PHARMACY	15.00	0	119,691	0		6.00
7.00	PATIENT TRANSPORT SERVICES	18.00	0	117	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,920,463	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	418,579	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	102,425	0		10.00
11.00	OPERATING ROOM	50.00	0	1,687,106	0		11.00
12.00	RECOVERY ROOM	51.00	0	30,320	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	223,306	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	215,121	0		14.00
15.00	ASC ANESTHESIOLOGY	53.01	0	68,072	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	659,857	0		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,665	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	317,475	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	1,960	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	510	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	347	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	14,460	0		22.00
23.00	RENAL DIALYSIS	74.00	0	8,985	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.01	0	1,262,772	0		24.00
25.00	OUTPATIENT WOUND CARE CENTER	76.01	0	58,762	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	5,048	0		26.00
27.00	SLEEP CLINIC	90.01	0	23,974	0		27.00
28.00	ANTI COAGULATION CLINIC	90.02	0	4,610	0		28.00
29.00	ARNETT CANCER CARE CENTER	90.03	0	173,785	0		29.00
30.00	OUTPATIENT INFUSION CENTER	90.04	0	1,304	0		30.00
31.00	EMERGENCY	91.00	0	1,003,765	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,186,845	0		32.00
33.00	RETAIL PHARMACY	193.01	0	1,634	0		33.00
0			0	10,163,204			
B - BILLABLE SUPPLIES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	18,687	0		1.00
2.00	HOUSEKEEPING	9.00	0	317	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,562	0		3.00
4.00	PHARMACY	15.00	0	61	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	88,163	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	70,939	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,183	0		7.00
8.00	OPERATING ROOM	50.00	0	2,568,377	0		8.00
9.00	RECOVERY ROOM	51.00	0	520	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	77,784	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	74,080	0		11.00
12.00	ASC ANESTHESIOLOGY	53.01	0	8,194	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,864,336	0		13.00
14.00	RADIOISOTOPE	56.00	0	528	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	819,040	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	268,036	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	22	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	606	0		18.00
19.00	RENAL DIALYSIS	74.00	0	1,244	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.01	0	736,663	0		20.00
21.00	OUTPATIENT WOUND CARE CENTER	76.01	0	42,685	0		21.00
22.00	ANTI COAGULATION CLINIC	90.02	0	117	0		22.00
23.00	ARNETT CANCER CARE CENTER	90.03	0	14,413	0		23.00
24.00	OUTPATIENT INFUSION CENTER	90.04	0	67	0		24.00
25.00	EMERGENCY	91.00	0	55,041	0		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	188,718	0		26.00
0			0	6,917,383			
C - IMPLANTS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	396	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,664	0		2.00
3.00	PHARMACY	15.00	0	10,170	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	46	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	6,611	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	88	0		6.00
7.00	OPERATING ROOM	50.00	0	5,334,661	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	542,852	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,771,806	0		9.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
7/13/2021 4:26 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00	ASC (NON-DISTINCT PART)	75.01	0	1,330,220	0	10.00
11.00	ANTI COAGULATION CLINIC	90.02	0	99	0	11.00
12.00	EMERGENCY	91.00	0	24	0	12.00
			0	9,039,637		
D - DRUGS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	996	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,334	0	2.00
3.00	PHARMACY	15.00	0	6,616,384	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	126,104	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	26,463	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	9,748	0	6.00
7.00	OPERATING ROOM	50.00	0	72,636	0	7.00
8.00	RECOVERY ROOM	51.00	0	277	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,369	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	21,062	0	10.00
11.00	ASC ANESTHESIOLOGY	53.01	0	2,021	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	231,640	0	12.00
13.00	RADIOISOTOPE	56.00	0	371,199	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	54,915	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	10,842	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	80,976	0	16.00
17.00	RENAL DIALYSIS	74.00	0	7,190	0	17.00
18.00	ASC (NON-DISTINCT PART)	75.01	0	77,410	0	18.00
19.00	OUTPATIENT WOUND CARE CENTER	76.01	0	3,682	0	19.00
20.00	ANTI COAGULATION CLINIC	90.02	0	640	0	20.00
21.00	ARNETT CANCER CARE CENTER	90.03	0	25,190,785	0	21.00
22.00	OUTPATIENT INFUSION CENTER	90.04	0	390	0	22.00
23.00	EMERGENCY	91.00	0	57,743	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,119,979	0	24.00
			0	39,088,785		
E - BENEFITS						
1.00	ADMITTING	5.01	0	1,066,525	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	966,452	0	2.00
3.00	OPERATION OF PLANT	7.00	0	300,862	0	3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	71,210	0	4.00
5.00	HOUSEKEEPING	9.00	0	897,558	0	5.00
6.00	DIETARY	10.00	0	301,581	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	864,591	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,880	0	8.00
9.00	PHARMACY	15.00	0	586,296	0	9.00
10.00	SOCIAL SERVICE	17.00	0	106,180	0	10.00
11.00	PATIENT TRANSPORT SERVICES	18.00	0	82,013	0	11.00
12.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	27,118	0	12.00
13.00	PARAMEDICAL PRGM - PHARMACY	23.00	0	578	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,866,816	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	427,389	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	418,925	0	16.00
17.00	OPERATING ROOM	50.00	0	791,169	0	17.00
18.00	RECOVERY ROOM	51.00	0	146,625	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	491,066	0	19.00
20.00	ANESTHESIOLOGY	53.00	0	595,259	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	634,298	0	21.00
22.00	RADIOISOTOPE	56.00	0	31,253	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	269,266	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	322,050	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	99,524	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	73,856	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	46,835	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	256,354	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,119	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.01	0	537,845	0	30.00
31.00	OUTPATIENT WOUND CARE CENTER	76.01	0	17,640	0	31.00
32.00	CARDIAC REHABILITATION	76.97	0	50,613	0	32.00
33.00	SLEEP CLINIC	90.01	0	95,922	0	33.00
34.00	ANTI COAGULATION CLINIC	90.02	0	67,056	0	34.00
35.00	ARNETT CANCER CARE CENTER	90.03	0	198,575	0	35.00
36.00	OUTPATIENT INFUSION CENTER	90.04	0	412	0	36.00
37.00	EMERGENCY	91.00	0	922,484	0	37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,889	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,199,724	0	39.00
40.00	RETAIL PHARMACY	193.01	0	100,270	0	40.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		0	25,046,078		
F - CAFETERIA						
1.00	DIETARY	10.00	335,491	204,151	0	1.00
	0		335,491	204,151		
G - PROPERTY TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	284	13	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	41,410	13	2.00
	0		0	41,694		
H - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	259,231	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	0		0	259,231		
I - LEASE EXPENSE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	171,015	10	1.00
2.00	OPERATION OF PLANT	7.00	0	310,421	10	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	555,360	10	3.00
4.00	NURSING ADMINISTRATION	13.00	0	315	10	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	154,412	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	30,924	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	2,709	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,986	0	8.00
9.00	OPERATING ROOM	50.00	0	13,809	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	9,788	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	720	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	5,824	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	96,724	0	13.00
14.00	ARNETT CANCER CARE CENTER	90.03	0	170	0	14.00
15.00	EMERGENCY	91.00	0	2,252	0	15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	286,065	0	16.00
	TOTALS		0	1,649,494		
J - INTEREST EXPENSE RECLASS						
1.00	OUTPATIENT WOUND CARE CENTER	76.01	0	1,328	11	1.00
	0		0	1,328		
K - HOUSEKEEPING SUPPLIES						
1.00	ADMITTING	5.01	0	266	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	76,293	0	2.00
3.00	DIETARY	10.00	0	493	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	492	0	4.00
5.00	PHARMACY	15.00	0	282	0	5.00
6.00	PATIENT TRANSPORT SERVICES	18.00	0	96	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	15,941	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	2,500	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	439	0	9.00
10.00	OPERATING ROOM	50.00	0	5,837	0	10.00
11.00	RECOVERY ROOM	51.00	0	456	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	869	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	40	0	13.00
14.00	ASC ANESTHESIOLOGY	53.01	0	23	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,453	0	15.00
16.00	RADIOISOTOPE	56.00	0	281	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,265	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	79	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	76	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	111	0	20.00
21.00	RENAL DIALYSIS	74.00	0	143	0	21.00
22.00	ASC (NON-DISTINCT PART)	75.01	0	2,915	0	22.00
23.00	OUTPATIENT WOUND CARE CENTER	76.01	0	5,867	0	23.00
24.00	SLEEP CLINIC	90.01	0	313	0	24.00
25.00	ANTI COAGULATION CLINIC	90.02	0	296	0	25.00
26.00	ARNETT CANCER CARE CENTER	90.03	0	2,683	0	26.00
27.00	EMERGENCY	91.00	0	20,049	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,547	0	28.00
29.00	RETAIL PHARMACY	193.01	0	37	0	29.00
	0		0	147,142		
L - LAUNDRY SUPPLIES						
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	604	0	1.00
2.00	OPERATING ROOM	50.00	0	3,626	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	46	0	3.00
4.00	ASC (NON-DISTINCT PART)	75.01	0	62	0	4.00
5.00	ARNETT CANCER CARE CENTER	90.03	0	79	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	481	0	6.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
7/13/2021 4:26 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		0	4,898		
0 - TELEPHONE RECLASS						
1.00	ADMINISTRATIVE	5.01	0	566	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	401	0	2.00
3.00	PHARMACY	15.00	0	1,742	0	3.00
4.00	PATIENT TRANSPORT SERVICES	18.00	0	62	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	271	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	648	0	6.00
7.00	ANTI COAGULATION CLINIC	90.02	0	1,895	0	7.00
8.00	ARNETT CANCER CARE CENTER	90.03	0	660	0	8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,959	0	9.00
	0		0	11,204		
P - DEPRECIATION EXPENSE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,799,157	9	1.00
2.00	OPERATION OF PLANT	7.00	0	4,843,824	9	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,365,281	9	3.00
4.00	HOUSEKEEPING	9.00	0	1,736	9	4.00
5.00	DIETARY	10.00	0	30,848	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	160,542	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	104,686	0	7.00
8.00	PHARMACY	15.00	0	177,781	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	55,527	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	96,730	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	21,088	0	11.00
12.00	OPERATING ROOM	50.00	0	864,496	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,000	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,338,082	0	14.00
15.00	RADIOISOTOPE	56.00	0	254,616	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	528,608	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	126,351	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	214,554	0	18.00
19.00	RENAL DIALYSIS	74.00	0	135	0	19.00
20.00	ASC (NON-DISTINCT PART)	75.01	0	442,838	0	20.00
21.00	OUTPATIENT WOUND CARE CENTER	76.01	0	60,500	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	691	0	22.00
23.00	SLEEP CLINIC	90.01	0	10,668	0	23.00
24.00	ARNETT CANCER CARE CENTER	90.03	0	5,338	0	24.00
25.00	EMERGENCY	91.00	0	17,730	0	25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,227,098	0	26.00
27.00	RETAIL PHARMACY	193.01	0	1,146	0	27.00
	0		0	14,752,051		
Q - FMLA RECLASS						
1.00	ADMINISTRATIVE	5.01	15,881	0	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	17,463	0	0	2.00
3.00	HOUSEKEEPING	9.00	20,566	0	0	3.00
4.00	DIETARY	10.00	4,725	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	31,176	0	0	5.00
6.00	PHARMACY	15.00	42,635	0	0	6.00
7.00	SOCIAL SERVICE	17.00	5,411	0	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	112,032	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	12,599	0	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	8,625	0	0	10.00
11.00	OPERATING ROOM	50.00	13,884	0	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	15,043	0	0	12.00
13.00	ANESTHESIOLOGY	53.00	7,634	0	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	9,354	0	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	6,080	0	0	15.00
16.00	RESPIRATORY THERAPY	65.00	12,338	0	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	2,838	0	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	16,193	0	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	1,133	0	0	19.00
20.00	ASC (NON-DISTINCT PART)	75.01	17,649	0	0	20.00
21.00	SLEEP CLINIC	90.01	120	0	0	21.00
22.00	ANTI COAGULATION CLINIC	90.02	3,441	0	0	22.00
23.00	ARNETT CANCER CARE CENTER	90.03	2,922	0	0	23.00
24.00	EMERGENCY	91.00	34,792	0	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	136,521	0	0	25.00
	0		551,055	0		
R - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	620,801	59,085	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	20,734	1,976	0	2.00
	0		641,535	61,061		

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
7/13/2021 4:26 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
U - CORPORATE ADMIN EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	0	815,542	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	197,538	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	1,489,815	0		3.00
4.00	LABORATORY	60.00	0	64,371	0		4.00
5.00	CARDIAC REHABILITATION	76.97	0	55,107	0		5.00
6.00	ARNETT CANCER CARE CENTER	90.03	0	41,506	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,924,758	0		7.00
TOTALS			0	32,588,637			
V - GENERAL SURGERY LAF METRO - HOSPITAL							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	146,386	70,113	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			146,386	70,113			
W - MEDICAL DIRECTOR FEES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	168,825	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	168,825			
X - ARNETT TO WHITE ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	564,340	359,491	0		1.00
2.00	OPERATION OF PLANT	7.00	41,462	14,138	0		2.00
3.00	DIETARY	10.00	0	73,998	0		3.00
4.00	NURSING ADMINISTRATION	13.00	25,284	6,373	0		4.00
5.00	PHARMACY	15.00	260,105	86,130	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	40,771	75,240	0		6.00
7.00	OPERATING ROOM	50.00	107,149	48,027	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	52,183	52,193	0		8.00
9.00	ASC (NON-DISTINCT PART)	75.01	7,711	3,641	0		9.00
10.00	EMERGENCY	91.00	43,080	37,568	0		10.00
TOTALS			1,142,085	756,799			
Y - ARNETT TO FRANKFORT ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	348,783	235,934	0		1.00
2.00	OPERATION OF PLANT	7.00	43,381	14,510	0		2.00
3.00	NURSING ADMINISTRATION	13.00	35,576	8,616	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	32,922	57,002	0		4.00
5.00	PHARMACY	15.00	153,918	50,492	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	20,206	37,289	0		6.00
7.00	OPERATING ROOM	50.00	53,103	23,802	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	29,819	29,825	0		8.00
9.00	ASC (NON-DISTINCT PART)	75.01	13,910	17,658	0		9.00
10.00	EMERGENCY	91.00	21,351	18,619	0		10.00
TOTALS			752,969	493,747			
Z - RESIDENCY STAFF							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	394,810	25,328	0		1.00
TOTALS			394,810	25,328			
AA - EMERGENCY PREPAREDNESS NURSING							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,293,591	0		1.00
TOTALS			0	1,293,591			
AB - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM. COSTS	22.00	0	727,882	0		1.00
APPRVD							
TOTALS			0	727,882			
AC - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	108,557	8,305	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	20,561	1,573	0		2.00
TOTALS			129,118	9,878			
AD - ACCRUED PTO							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,888	0	0		1.00
TOTALS			3,888	0			
500.00	Grand Total: Decreases		4,097,337	143,522,141			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,859,566	0	0	0	1.00
2.00	Land Improvements	408,976	0	0	14,140	2.00
3.00	Buildings and Fixtures	191,138,584	0	0	0	3.00
4.00	Building Improvements	24,201,193	6,957,967	0	6,957,967	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	94,963,236	15,240,804	0	15,240,804	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	314,571,555	22,198,771	0	22,198,771	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	314,571,555	22,198,771	0	22,198,771	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,859,566	0			1.00
2.00	Land Improvements	394,836	14,140			2.00
3.00	Buildings and Fixtures	191,138,584	-1,391,859			3.00
4.00	Building Improvements	31,113,477	1,327,415			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	103,143,540	55,325,453			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	329,650,003	55,275,149			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	329,650,003	55,275,149			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part II
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part III
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	226,506,463	0	226,506,463	0.687112	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	103,143,540	0	103,143,540	0.312888	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	329,650,003	0	329,650,003	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,650,131	307,151	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	1,918,872	684,814	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,805,279	496,749	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	3,957,292	160,780	2.01
3.00	Total (sum of lines 1-2)	0	0	0	18,331,574	1,649,494	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. s. 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	0	213,863	-284	0	6,170,861	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	33,406	-41,410	0	2,595,682	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	11,065,720	0	0	0	11,065,720	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,962	0	0	7,313,990	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,328	0	0	0	4,119,400	2.01
3.00	Total (sum of lines 1-2)	11,067,048	259,231	-41,694	0	31,265,653	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	-197,564	0	CAP REL COSTS INTEREST EXPENSE	1.02	11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2.01
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,353,112	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	56,327,937				0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employees and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	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 - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00		3.00	4.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	EMPLOYEE BENEFITS	A	-25,061,678		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	UNWONTED SITUATIONS	A	-735		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	UNWONTED SITUATIONS	A	-3,500		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.02
33.03	CONTRIBUTION EXPENSE	A	-498,440		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.03
33.04	HAF OFFSET	A	-17,406,228		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.04
33.05	MISCELLANEOUS INCOME	B	-3,813		ADMINISTRATIVE	5.01	0	33.05
33.06	MISCELLANEOUS INCOME	B	-193,311		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.06
33.07	MISCELLANEOUS INCOME	B	-4,402		OPERATION OF PLANT	7.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-80,089		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.08
33.09	MISCELLANEOUS INCOME	B	-435,227		CAFETERIA	11.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-10,975		CENTRAL SERVICES & SUPPLY	14.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-73,984		PHARMACY	15.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-30,000		PARAMEDICAL PRGM - PHARMACY	23.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-19,290		ADULTS & PEDIATRICS	30.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-90		DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-9,200		RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-35,707		OUTPATIENT WOUND CARE CENTER	76.01	0	33.16
33.17	MISCELLANEOUS INCOME	B	-1,594,619		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.17
33.18	TELEPHONE EXPENSE	A	-25,279		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19	NON-ALLOWABLE MARKETING	A	-18,279		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.19
33.20	NON-ALLOWABLE MARKETING	A	-2,268		NURSING ADMINISTRATION	13.00	0	33.20
33.21	NON-ALLOWABLE MARKETING	A	-812		DELIVERY ROOM & LABOR ROOM	52.00	0	33.21
33.22	NON-ALLOWABLE MARKETING	A	-182		SLEEP CLINIC	90.01	0	33.22
33.23	RECRUITMENT	A	-238		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	RECRUITMENT	A	-253,124		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.24
33.25	RECRUITMENT	A	-20,000		ANESTHESIOLOGY	53.00	0	33.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,004,209					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: 15-0173
 Period: From 01/01/2020 To 12/31/2020
 Worksheet A-8-1
 Date/Time Prepared: 7/13/2021 4:26 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,234,632	0	1.00
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	11,263,284	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	2,344,891	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	37,588,082	0	4.00
4.01	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	67,796,337	63,899,289	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	41,818	41,818	4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENER	RELATED PARTY	2,270,405	2,270,405	4.03
4.04	7.00	OPERATION OF PLANT	RELATED PARTY	437,059	437,059	4.04
4.05	7.01	OPERATION OF PLANT - NONHOSP	RELATED PARTY	278,433	278,433	4.05
4.06	13.00	NURSING ADMINISTRATION	RELATED PARTY	17,183	17,183	4.06
4.07	50.00	OPERATING ROOM	RELATED PARTY	381,498	381,498	4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	17,500	17,500	4.08
4.09	60.00	LABORATORY	RELATED PARTY	9,261,595	9,261,595	4.09
4.10	66.00	PHYSICAL THERAPY	RELATED PARTY	23,723	23,723	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12,000	12,000	4.11
4.12	76.01	OUTPATIENT WOUND CARE CENTER	RELATED PARTY	1,200	1,200	4.12
4.13	76.97	CARDIAC REHABILITATION	RELATED PARTY	2,025	2,025	4.13
4.14	192.00	PHYSICIANS' PRIVATE OFFICES	RELATED PARTY	6,040,967	6,040,967	4.14
5.00	0			139,012,632	82,684,695	5.00

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

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

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 7/13/2021 4:26 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,234,632	9	1.00
2.00	11,263,284	11	2.00
3.00	2,344,891	9	3.00
4.00	37,588,082	0	4.00
4.01	3,897,048	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	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
5.00	56,327,937		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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:
7/13/2021 4:26 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	ADMITTING	7,038	7,038	0	211,500	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	289,026	289,026	0	211,500	0	2.00
3.00	13.00	NURSING ADMINISTRATION	6,278	6,278	0	211,500	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	8,435,334	8,435,334	0	211,500	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,034,948	44,348	990,600	211,500	8,760	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	955,961	955,961	0	211,500	0	6.00
7.00	53.00	ANESTHESIOLOGY	9,659,305	9,659,305	0	239,400	0	7.00
8.00	76.01	OUTPATIENT WOUND CARE CENTER	19,366	19,366	0	211,500	0	8.00
9.00	91.00	EMERGENCY	1,170,624	546,384	624,240	211,500	3,285	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			21,577,880	19,963,040	1,614,840		12,045	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	ADMITTING	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	890,740	44,537	0	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	76.01	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	334,028	16,701	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,224,768	61,238	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	ADMITTING	0	0	0	7,038		1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	289,026		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	6,278		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,435,334		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	890,740	99,860	144,208		5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	955,961		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	9,659,305		7.00
8.00	76.01	OUTPATIENT WOUND CARE CENTER	0	0	0	19,366		8.00
9.00	91.00	EMERGENCY	0	334,028	290,212	836,596		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,224,768	390,072	20,353,112		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		Net Expenses for Cost Allocation (From Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,170,861	6,170,861			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	2,595,682	0	2,595,682		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	11,065,720	0	0	11,065,720	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,313,990				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	4,119,400				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	40,210,609	0	0	0	4.00
5.01	00570	ADMINISTRATIVE	3,688,474	42,707	22,298	76,583	50,618
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	82,897,786	177,514	121,747	318,322	210,398
7.00	00700	OPERATION OF PLANT	10,220,130	1,149,242	5,678	2,060,846	1,362,135
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	3,871,987	0	12,395	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	4,782	0	0	0	0
9.00	00900	HOUSEKEEPING	4,121,476	83,847	1,143	150,357	99,380
10.00	01000	DIETARY	1,743,725	147,884	0	265,190	175,280
11.00	01100	CAFETERIA	104,415	86,500	0	155,114	102,524
13.00	01300	NURSING ADMINISTRATION	4,228,765	106,403	0	190,804	126,114
14.00	01400	CENTRAL SERVICES & SUPPLY	10,972,614	325,073	583	582,928	385,291
15.00	01500	PHARMACY	3,937,328	66,395	369	119,061	78,695
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	608,990	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	671,558	21,547	0	38,639	25,539
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	727,882	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	916,681	0	13,140	0	0
23.00	02300	PARAMED ED PRGM - PHARMACY	211,928	2,110	251	3,783	2,501
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,066,450	1,759,614	0	3,155,374	2,085,572
31.00	03100	INTENSIVE CARE UNIT	3,574,643	171,821	0	308,113	203,650
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,362,757	138,592	0	248,527	164,266
43.00	04300	NURSERY	702,596	64,379	0	115,445	76,304
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,044,183	440,473	2,596	789,866	522,069
51.00	05100	RECOVERY ROOM	635,037	65,154	0	116,836	77,224
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,520,210	221,974	0	398,049	263,094
53.00	05300	ANESTHESIOLOGY	1,479,537	19,593	1,128	35,134	23,222
53.01	05301	ASC ANESTHESIOLOGY	318	0	870	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,198,163	243,692	0	436,994	288,835
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	265,998	29,800	0	53,439	35,321
59.00	05900	CARDIAC CATHETERIZATION	1,659,935	121,699	0	218,233	144,243
60.00	06000	LABORATORY	9,271,680	147,853	9,025	265,134	175,243
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	714,020	10,859	0	19,473	12,871
65.00	06500	RESPIRATORY THERAPY	1,887,005	15,699	0	28,152	18,607
66.00	06600	PHYSICAL THERAPY	665,714	11,216	0	20,112	13,294
67.00	06700	OCCUPATIONAL THERAPY	423,936	6,159	0	11,044	7,299
68.00	06800	SPEECH PATHOLOGY	298,187	4,654	0	8,345	5,516
69.00	06900	ELECTROCARDIOLOGY	1,415,028	34,873	0	62,535	41,333
70.00	07000	ELECTROENCEPHALOGRAPHY	82,657	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,917,383	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,038,474	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,085,581	0	0	0	0
74.00	07400	RENAL DIALYSIS	686,238	23,952	0	42,951	28,389
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	3,960,073	0	250,558	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	203,072	0	40,592	0	0
76.97	07697	CARDIAC REHABILITATION	442,246	0	20,986	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	432,528	0	25,085	0	0
90.02	09001	ANTI COAGULATION CLINIC	699,010	0	11,326	0	0
90.03	09002	ARNETT CANCER CARE CENTER	1,347,760	0	93,572	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	15,679	9,897	0	17,748	11,731
91.00	09100	EMERGENCY	6,546,818	289,657	0	519,419	343,315
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	329,047,699	6,040,832	633,342	10,832,550	7,159,873	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,426	38,627	0	69,267	45,783	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	107,968,163	19,329	1,942,047	34,661	22,910	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	5,678,976	17,033	0	30,544	20,188	193.01
193.02	19302 WHITE HOSPITAL	1,898,884	30,095	10,574	53,967	35,670	193.02
193.03	19303 HOSPICE	2,670	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	1,246,716	24,945	9,719	44,731	29,566	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	445,957,534	6,170,861	2,595,682	11,065,720	7,313,990	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL		
	MVBLE EQUIP - NONHOSP							
	2.01		4.00	5.01	5A.01	5.06		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	4,119,400				2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	40,210,609			4.00	
5.01	00570	ADMITTING	35,387	655,317	4,571,384		5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	193,215	1,536,083	0	85,455,065	5.06	
7.00	00700	OPERATION OF PLANT	9,011	331,559	0	15,138,601	7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	19,671	67,983	0	3,972,036	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,782	8.00	
9.00	00900	HOUSEKEEPING	1,814	566,970	0	5,024,987	9.00	
10.00	01000	DIETARY	0	116,143	0	2,448,222	10.00	
11.00	01100	CAFETERIA	0	71,809	0	520,362	11.00	
13.00	01300	NURSING ADMINISTRATION	0	735,432	0	5,387,518	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	924	69,678	0	12,337,091	14.00	
15.00	01500	PHARMACY	585	725,403	0	4,927,836	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	119,258	0	728,248	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	0	107,537	0	864,820	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	727,882	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	20,853	162,162	0	1,112,836	22.00	
23.00	02300	PARAMED ED PRGM - PHARMACY	398	46,944	0	267,915	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,520,736	407,452	34,995,198	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	536,301	53,877	4,848,405	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	652,508	42,512	3,609,162	35.00	
43.00	04300	NURSERY	0	137,315	10,201	1,106,240	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,119	938,993	376,938	8,119,237	50.00	
51.00	05100	RECOVERY ROOM	0	124,209	30,230	1,048,690	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	489,468	64,183	3,956,978	52.00	
53.00	05300	ANESTHESIOLOGY	1,790	1,995,102	69,502	3,625,008	53.00	
53.01	05301	ASC ANESTHESIOLOGY	1,381	0	11,376	13,945	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	789,608	263,236	6,220,528	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	49,683	36,789	471,030	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	271,580	151,040	2,566,730	59.00	
60.00	06000	LABORATORY	14,324	0	191,514	10,074,773	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	14,656	771,879	63.00	
65.00	06500	RESPIRATORY THERAPY	0	368,983	41,778	2,360,224	65.00	
66.00	06600	PHYSICAL THERAPY	0	132,538	10,542	853,416	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	75,641	5,783	529,862	67.00	
68.00	06800	SPEECH PATHOLOGY	0	56,567	4,369	377,638	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	227,566	82,569	1,863,904	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,323	2,364	101,344	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	138,163	7,055,546	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	254,736	9,293,210	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	621,278	39,706,859	73.00	
74.00	07400	RENAL DIALYSIS	0	0	5,593	787,123	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	ASC (NON-DISTINCT PART)	397,641	678,097	320,973	5,607,342	75.01	
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00	
76.01	03951	OUTPATIENT WOUND CARE CENTER	64,421	21,137	8,894	338,116	76.01	
76.97	07697	CARDIAC REHABILITATION	33,304	64,969	187	561,692	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	04950	SLEEP CLINIC	39,811	79,158	11,647	588,229	90.01	
90.02	09001	ANTI COAGULATION CLINIC	17,975	100,099	852	829,262	90.02	
90.03	09002	ARNETT CANCER CARE CENTER	148,501	197,577	69,914	1,857,324	90.03	
90.04	09003	OUTPATIENT INFUSION CENTER	0	2,152	1,077	58,284	90.04	
91.00	09100	EMERGENCY	0	1,010,543	513,145	9,222,897	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,005,125	19,849,131	3,817,370	302,338,276	51,410,866	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL		
	MOVABLE EQUIP - NONHOSP							
	2.01	4.00						5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,934	0	275,037	65,196	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,082,070	19,814,519	736,875	133,620,574	31,674,070	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	134,404	17,139	5,898,284	1,398,153	193.01
193.02	19302	WHITE HOSPITAL	16,781	244,454	0	2,290,425	542,932	193.02
193.03	19303	HOSPICE	0	0	0	2,670	633	193.03
193.04	19304	FRANKFORT HOSPITAL	15,424	161,167	0	1,532,268	363,215	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,119,400	40,210,609	4,571,384	445,957,534	85,455,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	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 - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	18,727,116				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	4,913,583			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,916		8.00
9.00	00900	HOUSEKEEPING	327,033	2,308	0	6,545,471	9.00
10.00	01000	DIETARY	576,801	0	0	98,422	3,703,781
11.00	01100	CAFETERIA	337,380	0	0	57,569	0
13.00	01300	NURSING ADMINISTRATION	415,009	0	0	70,815	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,267,897	1,176	0	217,163	0
15.00	01500	PHARMACY	258,964	744	0	44,704	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	84,042	0	0	14,341	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	26,531	0	18,398	0
23.00	02300	PARAMED ED PRGM - PHARMACY	8,229	506	0	1,755	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,863,097	0	4,824	1,171,082	3,388,747
31.00	03100	INTENSIVE CARE UNIT	670,161	0	357	114,353	250,862
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	540,558	0	324	92,238	0
43.00	04300	NURSERY	251,099	0	320	42,846	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,717,999	5,241	0	296,784	0
51.00	05100	RECOVERY ROOM	254,124	0	0	43,362	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	865,776	0	91	147,731	64,172
53.00	05300	ANESTHESIOLOGY	76,419	2,278	0	14,619	0
53.01	05301	ASC ANESTHESIOLOGY	0	1,757	0	1,218	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	950,484	0	0	162,185	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	116,231	0	0	19,833	0
59.00	05900	CARDIAC CATHETERIZATION	474,667	0	0	80,995	0
60.00	06000	LABORATORY	576,680	18,223	0	111,028	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,354	0	0	7,227	0
65.00	06500	RESPIRATORY THERAPY	61,232	0	0	10,448	0
66.00	06600	PHYSICAL THERAPY	43,746	0	0	7,465	0
67.00	06700	OCCUPATIONAL THERAPY	24,021	0	0	4,099	0
68.00	06800	SPEECH PATHOLOGY	18,152	0	0	3,097	0
69.00	06900	ELECTROCARDIOLOGY	136,017	0	0	23,209	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	93,421	0	0	15,941	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	505,900	0	350,822	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	81,959	0	56,836	0
76.97	07697	CARDIAC REHABILITATION	0	42,372	0	29,383	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	50,650	0	35,123	0
90.02	09001	ANTI COAGULATION CLINIC	0	22,868	0	15,858	0
90.03	09002	ARNETT CANCER CARE CENTER	0	188,931	0	131,016	0
90.04	09003	OUTPATIENT INFUSION CENTER	38,603	0	0	6,587	0
91.00	09100	EMERGENCY	1,129,762	0	0	192,777	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,219,958	951,444	5,916	3,711,329	3,703,781
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,659	0	0	25,708	0
191.00	19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	75,390	3,921,166	0	2,732,044	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	66,435	0	0	11,336	0	193.01
193.02	19302	WHITE HOSPITAL	117,381	21,350	0	34,845	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	97,293	19,623	0	30,209	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	18,727,116	4,913,583	5,916	6,545,471	3,703,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,038,660					11.00
13.00	01300	54,220	7,204,641				13.00
14.00	01400	8,755	7,694	16,764,209			14.00
15.00	01500	43,968	0	91,035	6,535,365		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	10,578	0	0	0	0	17.00
18.00	01850	17,848	0	113	0	0	18.00
21.00	02100	13,448	0	0	0	0	21.00
22.00	02200	4,963	0	0	0	0	22.00
23.00	02300	3,399	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	331,417	3,855,676	1,312,941	23,304	0	30.00
31.00	03100	37,632	515,690	282,798	4,371	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	33,704	367,487	68,828	1,610	0	35.00
43.00	04300	9,881	111,015	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	70,414	539,872	1,237,140	5,525	0	50.00
51.00	05100	9,577	155,898	19,968	46	0	51.00
52.00	05200	35,933	391,485	153,482	226	0	52.00
53.00	05300	37,148	18,319	142,818	3,474	0	53.00
53.01	05301	0	0	44,763	334	0	53.01
54.00	05400	55,739	116,878	533,531	6,029	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	3,252	0	7,440	254	0	56.00
59.00	05900	19,863	184,110	0	2,906	0	59.00
60.00	06000	44,148	0	0	0	0	60.00
63.00	06300	0	0	2,332	0	0	63.00
65.00	06500	28,809	0	207,344	1,791	0	65.00
66.00	06600	8,890	0	1,321	0	0	66.00
67.00	06700	5,188	0	329	0	0	67.00
68.00	06800	3,601	0	311	0	0	68.00
69.00	06900	20,965	63,019	10,967	531	0	69.00
70.00	07000	1,137	0	0	0	0	70.00
71.00	07100	0	0	4,401,033	0	0	71.00
72.00	07200	0	0	5,750,524	0	0	72.00
73.00	07300	0	0	0	6,456,343	0	73.00
74.00	07400	0	0	6,512	687	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	861,169	10,970	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	38,101	50	0	76.01
76.97	07697	0	0	3,316	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	15,775	0	0	90.01
90.02	09001	0	0	3,153	0	0	90.02
90.03	09002	15,069	125,671	119,674	7,017	0	90.03
90.04	09003	135	2,198	875	64	0	90.04
91.00	09100	85,212	749,629	666,948	9,491	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,014,893	7,204,641	15,984,541	6,535,023	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,125	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	778,466	342	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	1,202	0	0	193.01
193.02	19302	WHITE HOSPITAL	13,594	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	9,048	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	1,038,660	7,204,641	16,764,209	6,535,365	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	911,453				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	1,186,164			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	913,870		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,426,519	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0			345,312
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	743,229	105,667	737,227	1,150,787	0
31.00 03100	INTENSIVE CARE UNIT	55,020	13,972	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	49,889	11,025	24,742	38,621	0
43.00 04300	NURSERY	49,241	2,645	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	97,753	43,274	67,548	0
51.00 05100	RECOVERY ROOM	0	7,840	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,074	16,645	80,238	125,249	0
53.00 05300	ANESTHESIOLOGY	0	18,024	0	0	0
53.01 05301	ASC ANESTHESIOLOGY	0	2,950	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	68,266	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	9,541	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	39,170	0	0	0
60.00 06000	LABORATORY	0	49,666	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,801	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	10,835	0	0	0
66.00 06600	PHYSICAL THERAPY	0	2,734	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	1,500	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	1,133	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	21,413	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	613	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,830	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,062	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	161,119	0	0	345,312
74.00 07400	RENAL DIALYSIS	0	1,450	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	83,240	0	0	0
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	2,306	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	48	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	3,021	0	0	0
90.02 09001	ANTI COAGULATION CLINIC	0	221	0	0	0
90.03 09002	ARNETT CANCER CARE CENTER	0	18,131	0	0	0
90.04 09003	OUTPATIENT INFUSION CENTER	0	279	0	0	0
91.00 09100	EMERGENCY	0	133,077	28,389	44,314	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	911,453	989,977	913,870	1,426,519	345,312

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY			
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
		17.00	18.00	21.00			22.00	23.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	191,742	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
193.01	19301	RETAIL PHARMACY	0	4,445	0	0	193.01	
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02	
193.03	19303	HOSPICE	0	0	0	0	193.03	
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	193.04	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00	
200.00		Cross Foot Adjustments			0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	911,453	1,186,164	913,870	1,426,519	345,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	00100				1.00	
1.01	00101				1.01	
1.02	00102				1.02	
2.00	00200				2.00	
2.01	00201				2.01	
4.00	00400				4.00	
5.01	00570				5.01	
5.06	00590				5.06	
7.00	00700				7.00	
7.01	00701				7.01	
8.00	00800				8.00	
9.00	00900				9.00	
10.00	01000				10.00	
11.00	01100				11.00	
13.00	01300				13.00	
14.00	01400				14.00	
15.00	01500				15.00	
16.00	01600				16.00	
17.00	01700				17.00	
18.00	01850				18.00	
21.00	02100				21.00	
22.00	02200				22.00	
23.00	02300				23.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	62,978,598	-1,888,014	61,090,584	30.00	
31.00	03100	7,942,906	0	7,942,906	31.00	
33.00	03300	0	0	0	33.00	
33.01	03301	0	0	0	33.01	
35.00	02060	5,693,718	-63,363	5,630,355	35.00	
43.00	04300	1,835,515	0	1,835,515	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	14,125,403	-110,822	14,014,581	50.00	
51.00	05100	1,788,091	0	1,788,091	51.00	
52.00	05200	6,790,058	-205,487	6,584,571	52.00	
53.00	05300	4,797,393	0	4,797,393	53.00	
53.01	05301	68,273	0	68,273	53.01	
54.00	05400	9,588,179	0	9,588,179	54.00	
55.00	05500	0	0	0	55.00	
56.00	05600	739,236	0	739,236	56.00	
59.00	05900	3,976,869	0	3,976,869	59.00	
60.00	06000	13,262,682	0	13,262,682	60.00	
63.00	06300	1,010,562	0	1,010,562	63.00	
65.00	06500	3,240,160	0	3,240,160	65.00	
66.00	06600	1,119,869	0	1,119,869	66.00	
67.00	06700	690,600	0	690,600	67.00	
68.00	06800	493,449	0	493,449	68.00	
69.00	06900	2,581,852	0	2,581,852	69.00	
70.00	07000	127,117	0	127,117	70.00	
71.00	07100	13,164,884	0	13,164,884	71.00	
72.00	07200	17,312,696	0	17,312,696	72.00	
73.00	07300	56,081,906	0	56,081,906	73.00	
74.00	07400	1,091,717	0	1,091,717	74.00	
75.00	07500	0	0	0	75.00	
75.01	07501	8,748,630	0	8,748,630	75.01	
76.00	03950	0	0	0	76.00	
76.01	03951	597,516	0	597,516	76.01	
76.97	07697	769,957	0	769,957	76.97	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	90.00	
90.01	04950	832,234	0	832,234	90.01	
90.02	09001	1,067,934	0	1,067,934	90.02	
90.03	09002	2,903,101	0	2,903,101	90.03	
90.04	09003	120,841	0	120,841	90.04	
91.00	09100	14,448,728	-72,703	14,376,025	91.00	
92.00	09200	0	0	0	92.00	
92.01	09201	0	0	0	92.01	
93.00	04951	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	259,990,674	-2,340,389	257,650,285	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 1
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	517,725	0	517,725	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	172,993,794	0	172,993,794	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	7,379,855	0	7,379,855	193.01
193.02	19302	WHITE HOSPITAL	3,020,527	0	3,020,527	193.02
193.03	19303	HOSPICE	3,303	0	3,303	193.03
193.04	19304	FRANKFORT HOSPITAL	2,051,656	0	2,051,656	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	445,957,534	-2,340,389	443,617,145	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE		MVBLE EQUIP	
			0	1.00	1.01		1.02	2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00570	ADMITTING	0	42,707	22,298	76,583	50,618	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	177,514	121,747	318,322	210,398	5.06
7.00	00700	OPERATION OF PLANT	0	1,149,242	5,678	2,060,846	1,362,135	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	12,395	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	83,847	1,143	150,357	99,380	9.00
10.00	01000	DIETARY	0	147,884	0	265,190	175,280	10.00
11.00	01100	CAFETERIA	0	86,500	0	155,114	102,524	11.00
13.00	01300	NURSING ADMINISTRATION	0	106,403	0	190,804	126,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	325,073	583	582,928	385,291	14.00
15.00	01500	PHARMACY	0	66,395	369	119,061	78,695	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	21,547	0	38,639	25,539	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	13,140	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	2,110	251	3,783	2,501	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,759,614	0	3,155,374	2,085,572	30.00
31.00	03100	INTENSIVE CARE UNIT	0	171,821	0	308,113	203,650	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	138,592	0	248,527	164,266	35.00
43.00	04300	NURSERY	0	64,379	0	115,445	76,304	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	440,473	2,596	789,866	522,069	50.00
51.00	05100	RECOVERY ROOM	0	65,154	0	116,836	77,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	221,974	0	398,049	263,094	52.00
53.00	05300	ANESTHESIOLOGY	0	19,593	1,128	35,134	23,222	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	870	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	243,692	0	436,994	288,835	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	0	29,800	0	53,439	35,321	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	121,699	0	218,233	144,243	59.00
60.00	06000	LABORATORY	0	147,853	9,025	265,134	175,243	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,859	0	19,473	12,871	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,699	0	28,152	18,607	65.00
66.00	06600	PHYSICAL THERAPY	0	11,216	0	20,112	13,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,159	0	11,044	7,299	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,654	0	8,345	5,516	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,873	0	62,535	41,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	23,952	0	42,951	28,389	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	250,558	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	40,592	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	20,986	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	25,085	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	11,326	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	93,572	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	9,897	0	17,748	11,731	90.04
91.00	09100	EMERGENCY	0	289,657	0	519,419	343,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,040,832	633,342	10,832,550	7,159,873	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 11
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP			
		1.00	1.01	1.02	2.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,627	0	69,267	45,783	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,329	1,942,047	34,661	22,910	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	17,033	0	30,544	20,188	193.01
193.02	19302	WHITE HOSPITAL	0	30,095	10,574	53,967	35,670	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	24,945	9,719	44,731	29,566	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,170,861	2,595,682	11,065,720	7,313,990	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 11
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP	2.01					
			2A	4.00	5.01	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		0			4.00
5.01	00570	ADMITTING	35,387	227,593	0	227,593	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	193,215	1,021,196	0	0	1,021,196
7.00	00700	OPERATION OF PLANT	9,011	4,586,912	0	0	42,888
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	19,671	32,066	0	0	11,253
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	14
9.00	00900	HOUSEKEEPING	1,814	336,541	0	0	14,236
10.00	01000	DIETARY	0	588,354	0	0	6,936
11.00	01100	CAFETERIA	0	344,138	0	0	1,474
13.00	01300	NURSING ADMINISTRATION	0	423,321	0	0	15,263
14.00	01400	CENTRAL SERVICES & SUPPLY	924	1,294,799	0	0	34,951
15.00	01500	PHARMACY	585	265,105	0	0	13,961
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,063
18.00	01850	PATIENT TRANSPORT SERVICES	0	85,725	0	0	2,450
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,062
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	20,853	33,993	0	0	3,153
23.00	02300	PARAMED ED PRGM - PHARMACY	398	9,043	0	0	759
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,000,560	0	20,240	99,141
31.00	03100	INTENSIVE CARE UNIT	0	683,584	0	2,676	13,736
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	551,385	0	2,112	10,225
43.00	04300	NURSERY	0	256,128	0	507	3,134
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,119	1,759,123	0	18,724	23,002
51.00	05100	RECOVERY ROOM	0	259,214	0	1,502	2,971
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	883,117	0	3,188	11,210
53.00	05300	ANESTHESIOLOGY	1,790	80,867	0	3,452	10,270
53.01	05301	ASC ANESTHESIOLOGY	1,381	2,251	0	565	40
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	969,521	0	13,076	17,623
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	118,560	0	1,827	1,334
59.00	05900	CARDIAC CATHETERIZATION	0	484,175	0	7,503	7,272
60.00	06000	LABORATORY	14,324	611,579	0	9,513	28,542
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	43,203	0	728	2,187
65.00	06500	RESPIRATORY THERAPY	0	62,458	0	2,075	6,687
66.00	06600	PHYSICAL THERAPY	0	44,622	0	524	2,418
67.00	06700	OCCUPATIONAL THERAPY	0	24,502	0	287	1,501
68.00	06800	SPEECH PATHOLOGY	0	18,515	0	217	1,070
69.00	06900	ELECTROCARDIOLOGY	0	138,741	0	4,102	5,280
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	117	287
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,863	19,988
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,654	26,328
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,862	112,490
74.00	07400	RENAL DIALYSIS	0	95,292	0	278	2,230
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	397,641	648,199	0	15,944	15,886
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	64,421	105,013	0	442	958
76.97	07697	CARDIAC REHABILITATION	33,304	54,290	0	9	1,591
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	39,811	64,896	0	579	1,666
90.02	09001	ANTI COAGULATION CLINIC	17,975	29,301	0	42	2,349
90.03	09002	ARNETT CANCER CARE CENTER	148,501	242,073	0	3,473	5,262
90.04	09003	OUTPATIENT INFUSION CENTER	0	39,376	0	54	165
91.00	09100	EMERGENCY	0	1,152,391	0	25,490	26,128
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,005,125	25,671,722	0	189,625	614,434

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 11
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL		
	MVBLE EQUIP - NONHOSP							
	2.01	2A						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	153,677	0	0	779	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,082,070	5,101,017	0	37,117	378,435	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	67,765	0	851	16,710	193.01
193.02	19302	WHITE HOSPITAL	16,781	147,087	0	0	6,489	193.02
193.03	19303	HOSPICE	0	0	0	0	8	193.03
193.04	19304	FRANKFORT HOSPITAL	15,424	124,385	0	0	4,341	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers		0				201.00
202.00		TOTAL (sum lines 118 through 201)	4,119,400	31,265,653	0	227,593	1,021,196	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	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 - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	4,629,800				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	43,319			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	14		8.00
9.00	00900	HOUSEKEEPING	80,851	20	0	431,648	9.00
10.00	01000	DIETARY	142,599	0	0	6,491	744,380
11.00	01100	CAFETERIA	83,409	0	0	3,796	0
13.00	01300	NURSING ADMINISTRATION	102,600	0	0	4,670	0
14.00	01400	CENTRAL SERVICES & SUPPLY	313,455	10	0	14,321	0
15.00	01500	PHARMACY	64,022	7	0	2,948	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	20,777	0	0	946	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	234	0	1,213	0
23.00	02300	PARAMED ED PRGM - PHARMACY	2,034	4	0	116	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,696,725	0	11	77,228	681,065
31.00	03100	INTENSIVE CARE UNIT	165,680	0	1	7,541	50,418
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	133,639	0	1	6,083	0
43.00	04300	NURSERY	62,078	0	1	2,826	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	424,731	46	0	19,572	0
51.00	05100	RECOVERY ROOM	62,826	0	0	2,860	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,041	0	0	9,742	12,897
53.00	05300	ANESTHESIOLOGY	18,893	20	0	964	0
53.01	05301	ASC ANESTHESIOLOGY	0	15	0	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	234,983	0	0	10,695	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	28,735	0	0	1,308	0
59.00	05900	CARDIAC CATHETERIZATION	117,349	0	0	5,341	0
60.00	06000	LABORATORY	142,569	161	0	7,322	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,471	0	0	477	0
65.00	06500	RESPIRATORY THERAPY	15,138	0	0	689	0
66.00	06600	PHYSICAL THERAPY	10,815	0	0	492	0
67.00	06700	OCCUPATIONAL THERAPY	5,939	0	0	270	0
68.00	06800	SPEECH PATHOLOGY	4,488	0	0	204	0
69.00	06900	ELECTROCARDIOLOGY	33,627	0	0	1,531	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	23,096	0	0	1,051	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	4,460	0	23,135	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	723	0	3,748	0
76.97	07697	CARDIAC REHABILITATION	0	374	0	1,938	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	447	0	2,316	0
90.02	09001	ANTI COAGULATION CLINIC	0	202	0	1,046	0
90.03	09002	ARNETT CANCER CARE CENTER	0	1,666	0	8,640	0
90.04	09003	OUTPATIENT INFUSION CENTER	9,544	0	0	434	0
91.00	09100	EMERGENCY	279,305	0	0	12,713	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,504,419	8,389	14	244,747	744,380
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,247	0	0	1,695	0
191.00	19100	RESEARCH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part 11 Date/Time Prepared: 7/13/2021 4:26 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,638	34,569	0	180,168	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	16,424	0	0	748	0	193.01
193.02	19302	WHITE HOSPITAL	29,019	188	0	2,298	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	24,053	173	0	1,992	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	4,629,800	43,319	14	431,648	744,380	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	432,817					11.00
13.00	01300	22,594	568,448				13.00
14.00	01400	3,648	607	1,661,791			14.00
15.00	01500	18,322	0	9,024	373,389		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	4,408	0	0	0	0	17.00
18.00	01850	7,437	0	11	0	0	18.00
21.00	02100	5,604	0	0	0	0	21.00
22.00	02200	2,068	0	0	0	0	22.00
23.00	02300	1,416	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	138,104	304,216	130,149	1,331	0	30.00
31.00	03100	15,682	40,688	28,033	250	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	14,045	28,995	6,823	92	0	35.00
43.00	04300	4,117	8,759	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	29,342	42,596	122,635	316	0	50.00
51.00	05100	3,991	12,300	1,979	3	0	51.00
52.00	05200	14,973	30,888	15,214	13	0	52.00
53.00	05300	15,480	1,445	14,157	199	0	53.00
53.01	05301	0	0	4,437	19	0	53.01
54.00	05400	23,227	9,222	52,888	344	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,355	0	738	15	0	56.00
59.00	05900	8,277	14,526	0	166	0	59.00
60.00	06000	18,397	0	0	0	0	60.00
63.00	06300	0	0	231	0	0	63.00
65.00	06500	12,005	0	20,554	102	0	65.00
66.00	06600	3,705	0	131	0	0	66.00
67.00	06700	2,162	0	33	0	0	67.00
68.00	06800	1,501	0	31	0	0	68.00
69.00	06900	8,736	4,972	1,087	30	0	69.00
70.00	07000	474	0	0	0	0	70.00
71.00	07100	0	0	436,266	0	0	71.00
72.00	07200	0	0	570,025	0	0	72.00
73.00	07300	0	0	0	368,873	0	73.00
74.00	07400	0	0	646	39	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	85,366	627	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	3,777	3	0	76.01
76.97	07697	0	0	329	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	1,564	0	0	90.01
90.02	09001	0	0	313	0	0	90.02
90.03	09002	6,279	9,915	11,863	401	0	90.03
90.04	09003	56	173	87	4	0	90.04
91.00	09100	35,508	59,146	66,113	542	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		422,913	568,448	1,584,504	373,369	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	469	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 11
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	77,168	20	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	119	0	0	193.01
193.02	19302	WHITE HOSPITAL	5,665	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	3,770	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	432,817	568,448	1,661,791	373,389	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	6,471					17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	117,346				18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,666			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	40,661		22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0	0	0	13,372	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,276	10,469				30.00
31.00 03100 INTENSIVE CARE UNIT	391	1,384				31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0				33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0				33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	354	1,092				35.00
43.00 04300 NURSERY	350	262				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	9,685				50.00
51.00 05100 RECOVERY ROOM	0	777				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	100	1,649				52.00
53.00 05300 ANESTHESIOLOGY	0	1,786				53.00
53.01 05301 ASC ANESTHESIOLOGY	0	292				53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	6,764				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 05600 RADIOISOTOPE	0	945				56.00
59.00 05900 CARDIAC CATHETERIZATION	0	3,881				59.00
60.00 06000 LABORATORY	0	4,921				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	377				63.00
65.00 06500 RESPIRATORY THERAPY	0	1,073				65.00
66.00 06600 PHYSICAL THERAPY	0	271				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	149				67.00
68.00 06800 SPEECH PATHOLOGY	0	112				68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,121				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	61				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,550				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,545				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,963				73.00
74.00 07400 RENAL DIALYSIS	0	144				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0				75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	8,247				75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0				76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	229				76.01
76.97 07697 CARDIAC REHABILITATION	0	5				76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0				90.00
90.01 04950 SLEEP CLINIC	0	299				90.01
90.02 09001 ANTI COAGULATION CLINIC	0	22				90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	1,796				90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	28				90.04
91.00 09100 EMERGENCY	0	13,185				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0				93.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6,471	98,084	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 11
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY			
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
		17.00	18.00	21.00			22.00	23.00
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	18,822			192.00	
193.00	19300	NONPAID WORKERS	0	0			193.00	
193.01	19301	RETAIL PHARMACY	0	440			193.01	
193.02	19302	WHITE HOSPITAL	0	0			193.02	
193.03	19303	HOSPICE	0	0			193.03	
193.04	19304	FRANKFORT HOSPITAL	0	0			193.04	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0			194.00	
200.00		Cross Foot Adjustments			7,666	40,661	13,372	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,471	117,346	7,666	40,661	13,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	10,164,515	0	10,164,515	30.00
31.00	03100	1,010,064	0	1,010,064	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	754,846	0	754,846	35.00
43.00	04300	338,162	0	338,162	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,449,772	0	2,449,772	50.00
51.00	05100	348,423	0	348,423	51.00
52.00	05200	1,197,032	0	1,197,032	52.00
53.00	05300	147,533	0	147,533	53.00
53.01	05301	7,699	0	7,699	53.01
54.00	05400	1,338,343	0	1,338,343	54.00
55.00	05500	0	0	0	55.00
56.00	05600	154,817	0	154,817	56.00
59.00	05900	648,490	0	648,490	59.00
60.00	06000	823,004	0	823,004	60.00
63.00	06300	57,674	0	57,674	63.00
65.00	06500	120,781	0	120,781	65.00
66.00	06600	62,978	0	62,978	66.00
67.00	06700	34,843	0	34,843	67.00
68.00	06800	26,138	0	26,138	68.00
69.00	06900	200,227	0	200,227	69.00
70.00	07000	939	0	939	70.00
71.00	07100	466,667	0	466,667	71.00
72.00	07200	615,552	0	615,552	72.00
73.00	07300	528,188	0	528,188	73.00
74.00	07400	122,776	0	122,776	74.00
75.00	07500	0	0	0	75.00
75.01	07501	801,864	0	801,864	75.01
76.00	03950	0	0	0	76.00
76.01	03951	114,893	0	114,893	76.01
76.97	07697	58,536	0	58,536	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04950	71,767	0	71,767	90.01
90.02	09001	33,275	0	33,275	90.02
90.03	09002	291,368	0	291,368	90.03
90.04	09003	49,921	0	49,921	90.04
91.00	09100	1,670,521	0	1,670,521	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		24,711,608	0	24,711,608	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part 11
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	193,867	0	193,867	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,845,954	0	5,845,954	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	103,057	0	103,057	193.01
193.02	19302	WHITE HOSPITAL	190,746	0	190,746	193.02
193.03	19303	HOSPICE	8	0	8	193.03
193.04	19304	FRANKFORT HOSPITAL	158,714	0	158,714	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	61,699	0	61,699	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,265,653	0	31,265,653	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	397,789				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	352,019			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	397,789		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				397,789	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00570	ADMINISTRATIVE	2,753	3,024	2,753	2,753	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	11,443	16,511	11,443	11,443	5.06
7.00	00700	OPERATION OF PLANT	74,083	770	74,083	74,083	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,681	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,405	155	5,405	5,405	9.00
10.00	01000	DIETARY	9,533	0	9,533	9,533	10.00
11.00	01100	CAFETERIA	5,576	0	5,576	5,576	11.00
13.00	01300	NURSING ADMINISTRATION	6,859	0	6,859	6,859	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,955	79	20,955	20,955	14.00
15.00	01500	PHARMACY	4,280	50	4,280	4,280	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,389	0	1,389	1,389	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,782	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	136	34	136	136	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,429	0	113,429	113,429	30.00
31.00	03100	INTENSIVE CARE UNIT	11,076	0	11,076	11,076	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,934	0	8,934	8,934	35.00
43.00	04300	NURSERY	4,150	0	4,150	4,150	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,394	352	28,394	28,394	50.00
51.00	05100	RECOVERY ROOM	4,200	0	4,200	4,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,309	0	14,309	14,309	52.00
53.00	05300	ANESTHESIOLOGY	1,263	153	1,263	1,263	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	118	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,709	0	15,709	15,709	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,921	0	1,921	1,921	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,845	0	7,845	7,845	59.00
60.00	06000	LABORATORY	9,531	1,224	9,531	9,531	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	700	0	700	700	63.00
65.00	06500	RESPIRATORY THERAPY	1,012	0	1,012	1,012	65.00
66.00	06600	PHYSICAL THERAPY	723	0	723	723	66.00
67.00	06700	OCCUPATIONAL THERAPY	397	0	397	397	67.00
68.00	06800	SPEECH PATHOLOGY	300	0	300	300	68.00
69.00	06900	ELECTROCARDIOLOGY	2,248	0	2,248	2,248	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,544	0	1,544	1,544	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	33,980	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	5,505	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,846	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	3,402	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	1,536	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	12,690	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	638	0	638	638	90.04
91.00	09100	EMERGENCY	18,672	0	18,672	18,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	389,407	85,892	389,407	389,407	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,490	0	2,490	2,490	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,246	263,375	1,246	1,246	263,375	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,098	0	1,098	1,098	0	193.01
193.02	19302	WHITE HOSPITAL	1,940	1,434	1,940	1,940	1,434	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,608	1,318	1,608	1,608	1,318	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	6,170,861	2,595,682	11,065,720	7,313,990	4,119,400	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.512900	7.373699	27.818064	18.386607	11.702209	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	187,863,089					4.00
5.01	00570	ADMITTING	3,061,630	1,566,003,124				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	7,176,548	0	-85,455,065	360,502,469		5.06
7.00	00700	OPERATION OF PLANT	1,549,035	0	0	15,138,601	309,510	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	317,615	0	0	3,972,036	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,782	0	8.00
9.00	00900	HOUSEKEEPING	2,648,872	0	0	5,024,987	5,405	9.00
10.00	01000	DIETARY	542,620	0	0	2,448,222	9,533	10.00
11.00	01100	CAFETERIA	335,491	0	0	520,362	5,576	11.00
13.00	01300	NURSING ADMINISTRATION	3,435,924	0	0	5,387,518	6,859	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	325,536	0	0	12,337,091	20,955	14.00
15.00	01500	PHARMACY	3,389,070	0	0	4,927,836	4,280	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	557,172	0	0	728,248	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	502,412	0	0	864,820	1,389	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	727,882	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	757,617	0	0	1,112,836	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	219,320	0	0	267,915	136	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,792,770	139,586,238	0	34,995,198	113,429	30.00
31.00	03100	INTENSIVE CARE UNIT	2,505,589	18,457,339	0	4,848,405	11,076	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,048,505	14,564,009	0	3,609,162	8,934	35.00
43.00	04300	NURSERY	641,535	3,494,583	0	1,106,240	4,150	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,386,959	129,132,515	0	8,119,237	28,394	50.00
51.00	05100	RECOVERY ROOM	580,304	10,356,131	0	1,048,690	4,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,286,786	21,988,055	0	3,956,978	14,309	52.00
53.00	05300	ANESTHESIOLOGY	9,321,076	23,810,047	0	3,625,008	1,263	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,897,251	0	13,945	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,689,032	90,180,257	0	6,220,528	15,709	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	232,116	12,603,366	0	471,030	1,921	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,268,818	51,743,874	0	2,566,730	7,845	59.00
60.00	06000	LABORATORY	0	65,609,336	0	10,074,773	9,531	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,020,782	0	771,879	700	63.00
65.00	06500	RESPIRATORY THERAPY	1,723,879	14,312,444	0	2,360,224	1,012	65.00
66.00	06600	PHYSICAL THERAPY	619,213	3,611,427	0	853,416	723	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,393	1,981,273	0	529,862	397	67.00
68.00	06800	SPEECH PATHOLOGY	264,281	1,496,794	0	377,638	300	68.00
69.00	06900	ELECTROCARDIOLOGY	1,063,182	28,286,622	0	1,863,904	2,248	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	76,259	809,948	0	101,344	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,332,137	0	7,055,546	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	87,268,168	0	9,293,210	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	212,839,236	0	39,706,859	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,915,897	0	787,123	1,544	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,168,057	109,959,812	0	5,607,342	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	98,752	3,046,831	0	338,116	0	76.01
76.97	07697	CARDIAC REHABILITATION	303,535	64,006	0	561,692	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	369,824	3,990,185	0	588,229	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	467,659	291,769	0	829,262	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	923,076	23,951,335	0	1,857,324	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	10,053	368,990	0	58,284	638	90.04
91.00	09100	EMERGENCY	4,721,236	175,794,825	0	9,222,897	18,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,734,751	1,307,765,482	-85,455,065	216,883,211	301,128	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)		
		4.00	5.01	5A.06	5.06	7.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,395	0	0	275,037	2,490	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	92,572,957	252,366,205	0	133,620,574	1,246	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	627,932	5,871,437	0	5,898,284	1,098	193.01
193.02	19302	WHITE HOSPITAL	1,142,085	0	0	2,290,425	1,940	193.02
193.03	19303	HOSPICE	0	0	0	2,670	0	193.03
193.04	19304	FRANKFORT HOSPITAL	752,969	0	0	1,532,268	1,608	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	40,210,609	4,571,384		85,455,065	18,727,116	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.214042	0.002919		0.237044	60.505690	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	227,593		1,021,196	4,629,800	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000145		0.002833	14.958483	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: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 7/13/2021 4:26 pm			
Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	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 - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	330,033				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	46,368			8.00
9.00	00900	HOUSEKEEPING	155	0	633,983		9.00
10.00	01000	DIETARY	0	0	9,533	41,325	10.00
11.00	01100	CAFETERIA	0	0	5,576	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,859	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79	0	21,034	0	14.00
15.00	01500	PHARMACY	50	0	4,330	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,389	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,782	0	1,782	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	34	0	170	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	37,810	113,429	37,810	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,799	11,076	2,799	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,538	8,934	0	35.00
43.00	04300	NURSERY	0	2,505	4,150	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	352	0	28,746	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,200	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	716	14,309	716	52.00
53.00	05300	ANESTHESIOLOGY	153	0	1,416	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	118	0	118	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,709	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,921	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,845	0	59.00
60.00	06000	LABORATORY	1,224	0	10,754	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	700	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,012	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	723	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	397	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	300	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,248	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,544	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	33,980	0	33,980	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	5,505	0	5,505	0	76.01
76.97	07697	CARDIAC REHABILITATION	2,846	0	2,846	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	3,402	0	3,402	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	1,536	0	1,536	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	12,690	0	12,690	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	638	0	90.04
91.00	09100	EMERGENCY	0	0	18,672	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,906	46,368	359,473	41,325	90,184
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,490	0	100

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description			OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
			7.01	8.00	9.00	10.00	11.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	263,375	0	264,621	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	1,098	0	0	193.01
193.02	19302	WHITE HOSPITAL	1,434	0	3,375	0	1,208	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,318	0	2,926	0	804	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	4,913,583	5,916	6,545,471	3,703,781	1,038,660	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.888157	0.127588	10.324364	89.625675	11.253575	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	43,319	14	431,648	744,380	432,817	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.131257	0.000302	0.680851	18.012825	4.689445	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	39,328					13.00
14.00	01400	42	26,349,382				14.00
15.00	01500	0	143,085	39,563,972			15.00
16.00	01600	0	0	0	1,566,003,124		16.00
17.00	01700	0	0	0	0	46,368	17.00
18.00	01850	0	178	0	0	0	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,047	2,063,633	141,077	139,586,238	37,810	30.00
31.00	03100	2,815	444,492	26,463	18,457,339	2,799	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	2,006	108,181	9,748	14,564,009	2,538	35.00
43.00	04300	606	0	0	3,494,583	2,505	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,947	1,944,491	33,449	129,132,515	0	50.00
51.00	05100	851	31,385	277	10,356,131	0	51.00
52.00	05200	2,137	241,237	1,369	21,988,055	716	52.00
53.00	05300	100	224,476	21,033	23,810,047	0	53.00
53.01	05301	0	70,357	2,021	3,897,251	0	53.01
54.00	05400	638	838,584	36,497	90,180,257	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	11,694	1,537	12,603,366	0	56.00
59.00	05900	1,005	0	17,593	51,743,874	0	59.00
60.00	06000	0	0	0	65,609,336	0	60.00
63.00	06300	0	3,665	0	5,020,782	0	63.00
65.00	06500	0	325,895	10,842	14,312,444	0	65.00
66.00	06600	0	2,077	0	3,611,427	0	66.00
67.00	06700	0	517	0	1,981,273	0	67.00
68.00	06800	0	489	0	1,496,794	0	68.00
69.00	06900	344	17,237	3,216	28,286,622	0	69.00
70.00	07000	0	0	0	809,948	0	70.00
71.00	07100	0	6,917,383	0	47,332,137	0	71.00
72.00	07200	0	9,038,474	0	87,268,168	0	72.00
73.00	07300	0	0	39,085,581	212,839,236	0	73.00
74.00	07400	0	10,235	4,160	1,915,897	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,353,554	66,409	109,959,812	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	59,885	302	3,046,831	0	76.01
76.97	07697	0	5,212	0	64,006	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	24,795	0	3,990,185	0	90.01
90.02	09001	0	4,955	0	291,769	0	90.02
90.03	09002	686	188,100	42,479	23,951,335	0	90.03
90.04	09003	12	1,376	390	368,990	0	90.04
91.00	09100	4,092	1,048,285	57,458	175,794,825	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		39,328	25,123,927	39,561,901	1,307,765,482	46,368	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)		
		13.00	14.00	15.00	16.00	17.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,223,565	2,071	252,366,205	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	1,890	0	5,871,437	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	7,204,641	16,764,209	6,535,365	0	911,453	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	183.193679	0.636228	0.165185	0.000000	19.656940	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	568,448	1,661,791	373,389	0	6,471	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.454028	0.063068	0.009438	0.000000	0.139557	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)		
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	18.00	21.00	22.00			23.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
1.02	00102					1.02
2.00	00200					2.00
2.01	00201					2.01
4.00	00400					4.00
5.01	00570					5.01
5.06	00590					5.06
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
18.00	01850	1,566,003,124				18.00
21.00	02100		9,271			21.00
22.00	02200			9,271		22.00
23.00	02300				100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	139,586,238	7,479	7,479	0	30.00
31.00	03100	18,457,339	0	0	0	31.00
33.00	03300	0	0	0	0	33.00
33.01	03301	0	0	0	0	33.01
35.00	02060	14,564,009	251	251	0	35.00
43.00	04300	3,494,583	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	129,132,515	439	439	0	50.00
51.00	05100	10,356,131	0	0	0	51.00
52.00	05200	21,988,055	814	814	0	52.00
53.00	05300	23,810,047	0	0	0	53.00
53.01	05301	3,897,251	0	0	0	53.01
54.00	05400	90,180,257	0	0	0	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	12,603,366	0	0	0	56.00
59.00	05900	51,743,874	0	0	0	59.00
60.00	06000	65,609,336	0	0	0	60.00
63.00	06300	5,020,782	0	0	0	63.00
65.00	06500	14,312,444	0	0	0	65.00
66.00	06600	3,611,427	0	0	0	66.00
67.00	06700	1,981,273	0	0	0	67.00
68.00	06800	1,496,794	0	0	0	68.00
69.00	06900	28,286,622	0	0	0	69.00
70.00	07000	809,948	0	0	0	70.00
71.00	07100	47,332,137	0	0	0	71.00
72.00	07200	87,268,168	0	0	0	72.00
73.00	07300	212,839,236	0	0	100	73.00
74.00	07400	1,915,897	0	0	0	74.00
75.00	07500	0	0	0	0	75.00
75.01	07501	109,959,812	0	0	0	75.01
76.00	03950	0	0	0	0	76.00
76.01	03951	3,046,831	0	0	0	76.01
76.97	07697	64,006	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
90.01	04950	3,990,185	0	0	0	90.01
90.02	09001	291,769	0	0	0	90.02
90.03	09002	23,951,335	0	0	0	90.03
90.04	09003	368,990	0	0	0	90.04
91.00	09100	175,794,825	288	288	0	91.00
92.00	09200					92.00
92.01	09201	0	0	0	0	92.01
93.00	04951	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)						
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)							
	18.00	21.00	22.00				23.00			
SPECIAL PURPOSE COST CENTERS										
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					1,307,765,482	9,271	9,271	100	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	252,366,205	0	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00	
193.01	19301	RETAIL PHARMACY	5,871,437	0	0	0	0	0	193.01	
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	0	193.02	
193.03	19303	HOSPICE	0	0	0	0	0	0	193.03	
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	0	193.04	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00	
200.00		Cross Foot Adjustments							200.00	
201.00		Negative Cost Centers							201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	1,186,164	913,870	1,426,519	345,312			202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000757	98.572969	153.868946	3,453.120000			203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	117,346	7,666	40,661	13,372			204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000075	0.826880	4.385827	133.720000			205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0			206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000			207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
7/13/2021 4:26 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,090,584		61,090,584	0	61,090,584	30.00
31.00	03100	INTENSIVE CARE UNIT	7,942,906		7,942,906	99,860	8,042,766	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,630,355		5,630,355	0	5,630,355	35.00
43.00	04300	NURSERY	1,835,515		1,835,515	0	1,835,515	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,014,581		14,014,581	0	14,014,581	50.00
51.00	05100	RECOVERY ROOM	1,788,091		1,788,091	0	1,788,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,584,571		6,584,571	0	6,584,571	52.00
53.00	05300	ANESTHESIOLOGY	4,797,393		4,797,393	0	4,797,393	53.00
53.01	05301	ASC ANESTHESIOLOGY	68,273		68,273	0	68,273	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,588,179		9,588,179	0	9,588,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	739,236		739,236	0	739,236	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,976,869		3,976,869	0	3,976,869	59.00
60.00	06000	LABORATORY	13,262,682		13,262,682	0	13,262,682	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,010,562		1,010,562	0	1,010,562	63.00
65.00	06500	RESPIRATORY THERAPY	3,240,160	0	3,240,160	0	3,240,160	65.00
66.00	06600	PHYSICAL THERAPY	1,119,869	0	1,119,869	0	1,119,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,600	0	690,600	0	690,600	67.00
68.00	06800	SPEECH PATHOLOGY	493,449	0	493,449	0	493,449	68.00
69.00	06900	ELECTROCARDIOLOGY	2,581,852		2,581,852	0	2,581,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,117		127,117	0	127,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,164,884		13,164,884	0	13,164,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,312,696		17,312,696	0	17,312,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,081,906		56,081,906	0	56,081,906	73.00
74.00	07400	RENAL DIALYSIS	1,091,717		1,091,717	0	1,091,717	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,748,630		8,748,630	0	8,748,630	75.01
76.00	03950	CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	597,516		597,516	0	597,516	76.01
76.97	07697	CARDIAC REHABILITATION	769,957		769,957	0	769,957	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	SLEEP CLINIC	832,234		832,234	0	832,234	90.01
90.02	09001	ANTI COAGULATION CLINIC	1,067,934		1,067,934	0	1,067,934	90.02
90.03	09002	ARNETT CANCER CARE CENTER	2,903,101		2,903,101	0	2,903,101	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	120,841		120,841	0	120,841	90.04
91.00	09100	EMERGENCY	14,376,025		14,376,025	290,212	14,666,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,577,355		6,577,355	0	6,577,355	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
200.00		Subtotal (see instructions)	264,227,640	0	264,227,640	390,072	264,617,712	200.00
201.00		Less Observation Beds	6,577,355		6,577,355		6,577,355	201.00
202.00		Total (see instructions)	257,650,285	0	257,650,285	390,072	258,040,357	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
7/13/2021 4:26 pm

		Title XVIII			Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	105,343,590		105,343,590			30.00
31.00	03100	INTENSIVE CARE UNIT	18,457,339		18,457,339			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,154,124		12,154,124			35.00
43.00	04300	NURSERY	3,494,583		3,494,583			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,645,929	72,486,586	129,132,515	0.108529	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,053,018	6,303,113	10,356,131	0.172660	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,598,482	1,389,573	21,988,055	0.299461	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,724,714	4,056,200	7,780,914	0.616559	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	4,858	3,892,393	3,897,251	0.017518	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,566,869	52,613,388	90,180,257	0.106322	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,871,014	10,732,352	12,603,366	0.058654	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	25,612,853	26,131,021	51,743,874	0.076857	0.000000	59.00
60.00	06000	LABORATORY	28,824,477	36,291,054	65,115,531	0.203679	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,969,375	1,051,407	5,020,782	0.201276	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	13,494,107	818,337	14,312,444	0.226388	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,250,199	361,228	3,611,427	0.310090	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,800,771	180,502	1,981,273	0.348564	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,343,017	153,777	1,496,794	0.329671	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,648,084	12,638,538	28,286,622	0.091275	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	599,865	210,083	809,948	0.156945	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,905,533	25,426,604	47,332,137	0.278138	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,497,118	43,771,050	87,268,168	0.198385	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,132,479	150,706,757	212,839,236	0.263494	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,615,932	299,965	1,915,897	0.569820	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	119,320	109,840,492	109,959,812	0.079562	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	21,936	3,024,895	3,046,831	0.196111	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	44,106	19,900	64,006	12.029450	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	3,990,185	3,990,185	0.208570	0.000000	90.01
90.02	09001	ANTI COAGULATION CLINIC	624	291,145	291,769	3.660204	0.000000	90.02
90.03	09002	ARNETT CANCER CARE CENTER	156,898	23,794,437	23,951,335	0.121208	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	15,719	353,271	368,990	0.327491	0.000000	90.04
91.00	09100	EMERGENCY	42,749,378	133,045,008	175,794,386	0.081777	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	609,182	23,694,598	24,303,780	0.270631	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
200.00		Subtotal (see instructions)	531,325,493	747,567,859	1,278,893,352			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	531,325,493	747,567,859	1,278,893,352			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part 1 Date/Time Prepared: 7/13/2021 4:26 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		33.00
33.01	03301 BURN INTENSIVE CARE UNIT		33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		35.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.108529	50.00
51.00	05100 RECOVERY ROOM	0.172660	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.299461	52.00
53.00	05300 ANESTHESIOLOGY	0.616559	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.017518	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106322	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600 RADIOISOTOPE	0.058654	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076857	59.00
60.00	06000 LABORATORY	0.203679	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.201276	63.00
65.00	06500 RESPIRATORY THERAPY	0.226388	65.00
66.00	06600 PHYSICAL THERAPY	0.310090	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348564	67.00
68.00	06800 SPEECH PATHOLOGY	0.329671	68.00
69.00	06900 ELECTROCARDIOLOGY	0.091275	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156945	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278138	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.198385	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.263494	73.00
74.00	07400 RENAL DIALYSIS	0.569820	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.079562	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.196111	76.01
76.97	07697 CARDIAC REHABILITATION	12.029450	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000	90.00
90.01	04950 SLEEP CLINIC	0.208570	90.01
90.02	09001 ANTI COAGULATION CLINIC	3.660204	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.121208	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.327491	90.04
91.00	09100 EMERGENCY	0.083428	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270631	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	93.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/13/2021 4:26 pm			
			Title XIX	Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,090,584		61,090,584	0	61,090,584	30.00
31.00	03100	INTENSIVE CARE UNIT	7,942,906		7,942,906	99,860	8,042,766	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,630,355		5,630,355	0	5,630,355	35.00
43.00	04300	NURSERY	1,835,515		1,835,515	0	1,835,515	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,014,581		14,014,581	0	14,014,581	50.00
51.00	05100	RECOVERY ROOM	1,788,091		1,788,091	0	1,788,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,584,571		6,584,571	0	6,584,571	52.00
53.00	05300	ANESTHESIOLOGY	4,797,393		4,797,393	0	4,797,393	53.00
53.01	05301	ASC ANESTHESIOLOGY	68,273		68,273	0	68,273	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,588,179		9,588,179	0	9,588,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	739,236		739,236	0	739,236	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,976,869		3,976,869	0	3,976,869	59.00
60.00	06000	LABORATORY	13,262,682		13,262,682	0	13,262,682	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,010,562		1,010,562	0	1,010,562	63.00
65.00	06500	RESPIRATORY THERAPY	3,240,160	0	3,240,160	0	3,240,160	65.00
66.00	06600	PHYSICAL THERAPY	1,119,869	0	1,119,869	0	1,119,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,600	0	690,600	0	690,600	67.00
68.00	06800	SPEECH PATHOLOGY	493,449	0	493,449	0	493,449	68.00
69.00	06900	ELECTROCARDIOLOGY	2,581,852		2,581,852	0	2,581,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,117		127,117	0	127,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,164,884		13,164,884	0	13,164,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,312,696		17,312,696	0	17,312,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,081,906		56,081,906	0	56,081,906	73.00
74.00	07400	RENAL DIALYSIS	1,091,717		1,091,717	0	1,091,717	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,748,630		8,748,630	0	8,748,630	75.01
76.00	03950	CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	597,516		597,516	0	597,516	76.01
76.97	07697	CARDIAC REHABILITATION	769,957		769,957	0	769,957	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	SLEEP CLINIC	832,234		832,234	0	832,234	90.01
90.02	09001	ANTI COAGULATION CLINIC	1,067,934		1,067,934	0	1,067,934	90.02
90.03	09002	ARNETT CANCER CARE CENTER	2,903,101		2,903,101	0	2,903,101	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	120,841		120,841	0	120,841	90.04
91.00	09100	EMERGENCY	14,376,025		14,376,025	290,212	14,666,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,577,355		6,577,355	0	6,577,355	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
200.00		Subtotal (see instructions)	264,227,640	0	264,227,640	390,072	264,617,712	200.00
201.00		Less Observation Beds	6,577,355		6,577,355		6,577,355	201.00
202.00		Total (see instructions)	257,650,285	0	257,650,285	390,072	258,040,357	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
7/13/2021 4:26 pm

		Title XIX			Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	105,343,590		105,343,590			30.00
31.00	03100	INTENSIVE CARE UNIT	18,457,339		18,457,339			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,154,124		12,154,124			35.00
43.00	04300	NURSERY	3,494,583		3,494,583			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,645,929	72,486,586	129,132,515	0.108529	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,053,018	6,303,113	10,356,131	0.172660	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,598,482	1,389,573	21,988,055	0.299461	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,724,714	4,056,200	7,780,914	0.616559	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	4,858	3,892,393	3,897,251	0.017518	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,566,869	52,613,388	90,180,257	0.106322	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,871,014	10,732,352	12,603,366	0.058654	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	25,612,853	26,131,021	51,743,874	0.076857	0.000000	59.00
60.00	06000	LABORATORY	28,824,477	36,291,054	65,115,531	0.203679	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,969,375	1,051,407	5,020,782	0.201276	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	13,494,107	818,337	14,312,444	0.226388	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,250,199	361,228	3,611,427	0.310090	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,800,771	180,502	1,981,273	0.348564	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,343,017	153,777	1,496,794	0.329671	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	15,648,084	12,638,538	28,286,622	0.091275	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	599,865	210,083	809,948	0.156945	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,905,533	25,426,604	47,332,137	0.278138	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,497,118	43,771,050	87,268,168	0.198385	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,132,479	150,706,757	212,839,236	0.263494	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,615,932	299,965	1,915,897	0.569820	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	119,320	109,840,492	109,959,812	0.079562	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	21,936	3,024,895	3,046,831	0.196111	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	44,106	19,900	64,006	12.029450	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	3,990,185	3,990,185	0.208570	0.000000	90.01
90.02	09001	ANTI COAGULATION CLINIC	624	291,145	291,769	3.660204	0.000000	90.02
90.03	09002	ARNETT CANCER CARE CENTER	156,898	23,794,437	23,951,335	0.121208	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	15,719	353,271	368,990	0.327491	0.000000	90.04
91.00	09100	EMERGENCY	42,749,378	133,045,008	175,794,386	0.081777	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	609,182	23,694,598	24,303,780	0.270631	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
200.00		Subtotal (see instructions)	531,325,493	747,567,859	1,278,893,352			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	531,325,493	747,567,859	1,278,893,352			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part 1 Date/Time Prepared: 7/13/2021 4:26 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03301 BURN INTENSIVE CARE UNIT			33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.108529		50.00
51.00	05100 RECOVERY ROOM	0.172660		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.299461		52.00
53.00	05300 ANESTHESIOLOGY	0.616559		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.017518		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106322		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.058654		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076857		59.00
60.00	06000 LABORATORY	0.203679		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.201276		63.00
65.00	06500 RESPIRATORY THERAPY	0.226388		65.00
66.00	06600 PHYSICAL THERAPY	0.310090		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348564		67.00
68.00	06800 SPEECH PATHOLOGY	0.329671		68.00
69.00	06900 ELECTROCARDIOLOGY	0.091275		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156945		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278138		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.198385		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.263494		73.00
74.00	07400 RENAL DIALYSIS	0.569820		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.079562		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.196111		76.01
76.97	07697 CARDIAC REHABILITATION	12.029450		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.208570		90.01
90.02	09001 ANTI COAGULATION CLINIC	3.660204		90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.121208		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.327491		90.04
91.00	09100 EMERGENCY	0.083428		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270631		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 7/13/2021 4:26 pm

Cost Center Description		Title XIX			Hospital	PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	14,014,581	2,449,772	11,564,809	0	0
51.00	05100 RECOVERY ROOM	1,788,091	348,423	1,439,668	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,584,571	1,197,032	5,387,539	0	0
53.00	05300 ANESTHESIOLOGY	4,797,393	147,533	4,649,860	0	0
53.01	05301 ASC ANESTHESIOLOGY	68,273	7,699	60,574	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,588,179	1,338,343	8,249,836	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600 RADIOISOTOPE	739,236	154,817	584,419	0	0
59.00	05900 CARDIAC CATHETERIZATION	3,976,869	648,490	3,328,379	0	0
60.00	06000 LABORATORY	13,262,682	823,004	12,439,678	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,010,562	57,674	952,888	0	0
65.00	06500 RESPIRATORY THERAPY	3,240,160	120,781	3,119,379	0	0
66.00	06600 PHYSICAL THERAPY	1,119,869	62,978	1,056,891	0	0
67.00	06700 OCCUPATIONAL THERAPY	690,600	34,843	655,757	0	0
68.00	06800 SPEECH PATHOLOGY	493,449	26,138	467,311	0	0
69.00	06900 ELECTROCARDIOLOGY	2,581,852	200,227	2,381,625	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	127,117	939	126,178	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,164,884	466,667	12,698,217	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,312,696	615,552	16,697,144	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	56,081,906	528,188	55,553,718	0	0
74.00	07400 RENAL DIALYSIS	1,091,717	122,776	968,941	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501 ASC (NON-DISTINCT PART)	8,748,630	801,864	7,946,766	0	0
76.00	03950 CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951 OUTPATIENT WOUND CARE CENTER	597,516	114,893	482,623	0	0
76.97	07697 CARDIAC REHABILITATION	769,957	58,536	711,421	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	0
90.01	04950 SLEEP CLINIC	832,234	71,767	760,467	0	0
90.02	09001 ANTI COAGULATION CLINIC	1,067,934	33,275	1,034,659	0	0
90.03	09002 ARNETT CANCER CARE CENTER	2,903,101	291,368	2,611,733	0	0
90.04	09003 OUTPATIENT INFUSION CENTER	120,841	49,921	70,920	0	0
91.00	09100 EMERGENCY	14,376,025	1,670,521	12,705,504	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,577,355	1,094,367	5,482,988	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0
200.00	Subtotal (sum of lines 50 thru 199)	187,728,280	13,538,388	174,189,892	0	0
201.00	Less Observation Beds	6,577,355	1,094,367	5,482,988	0	0
202.00	Total (line 200 minus line 201)	181,150,925	12,444,021	168,706,904	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part II Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	14,014,581	129,132,515	0.108529	50.00
51.00	05100 RECOVERY ROOM	1,788,091	10,356,131	0.172660	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,584,571	21,988,055	0.299461	52.00
53.00	05300 ANESTHESIOLOGY	4,797,393	7,780,914	0.616559	53.00
53.01	05301 ASC ANESTHESIOLOGY	68,273	3,897,251	0.017518	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,588,179	90,180,257	0.106322	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	739,236	12,603,366	0.058654	56.00
59.00	05900 CARDIAC CATHETERIZATION	3,976,869	51,743,874	0.076857	59.00
60.00	06000 LABORATORY	13,262,682	65,115,531	0.203679	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,010,562	5,020,782	0.201276	63.00
65.00	06500 RESPIRATORY THERAPY	3,240,160	14,312,444	0.226388	65.00
66.00	06600 PHYSICAL THERAPY	1,119,869	3,611,427	0.310090	66.00
67.00	06700 OCCUPATIONAL THERAPY	690,600	1,981,273	0.348564	67.00
68.00	06800 SPEECH PATHOLOGY	493,449	1,496,794	0.329671	68.00
69.00	06900 ELECTROCARDIOLOGY	2,581,852	28,286,622	0.091275	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	127,117	809,948	0.156945	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,164,884	47,332,137	0.278138	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,312,696	87,268,168	0.198385	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	56,081,906	212,839,236	0.263494	73.00
74.00	07400 RENAL DIALYSIS	1,091,717	1,915,897	0.569820	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 ASC (NON-DISTINCT PART)	8,748,630	109,959,812	0.079562	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	597,516	3,046,831	0.196111	76.01
76.97	07697 CARDIAC REHABILITATION	769,957	64,006	12.029450	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	04950 SLEEP CLINIC	832,234	3,990,185	0.208570	90.01
90.02	09001 ANTI COAGULATION CLINIC	1,067,934	291,769	3.660204	90.02
90.03	09002 ARNETT CANCER CARE CENTER	2,903,101	23,951,335	0.121208	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	120,841	368,990	0.327491	90.04
91.00	09100 EMERGENCY	14,376,025	175,794,386	0.081777	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,577,355	24,303,780	0.270631	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
200.00	Subtotal (sum of lines 50 thru 199)	187,728,280	1,139,443,716		200.00
201.00	Less Observation Beds	6,577,355	0		201.00
202.00	Total (line 200 minus line 201)	181,150,925	1,139,443,716		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1 Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part 11, 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	10,164,515	0	10,164,515	42,372	239.89	30.00
31.00	INTENSIVE CARE UNIT	1,010,064		1,010,064	2,799	360.87	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	754,846		754,846	2,538	297.42	35.00
43.00	NURSERY	338,162		338,162	2,505	134.99	43.00
200.00	Total (lines 30 through 199)	12,267,587		12,267,587	50,214		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	15,266	3,662,161				
31.00	INTENSIVE CARE UNIT	990	357,261				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,256	4,019,422				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 11 Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part 11, col. 26)	Total Charges (from Wkst. C, Part 1, 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	2,449,772	129,132,515	0.018971	20,900,169	396,497	50.00
51.00	05100 RECOVERY ROOM	348,423	10,356,131	0.033644	1,475,632	49,646	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,197,032	21,988,055	0.054440	40,472	2,203	52.00
53.00	05300 ANESTHESIOLOGY	147,533	7,780,914	0.018961	1,296,097	24,575	53.00
53.01	05301 ASC ANESTHESIOLOGY	7,699	3,897,251	0.001975	2,166	4	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,338,343	90,180,257	0.014841	15,744,717	233,667	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	154,817	12,603,366	0.012284	902,060	11,081	56.00
59.00	05900 CARDIAC CATHETERIZATION	648,490	51,743,874	0.012533	9,120,434	114,306	59.00
60.00	06000 LABORATORY	823,004	65,115,531	0.012639	10,338,198	130,664	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	57,674	5,020,782	0.011487	1,557,001	17,885	63.00
65.00	06500 RESPIRATORY THERAPY	120,781	14,312,444	0.008439	5,047,311	42,594	65.00
66.00	06600 PHYSICAL THERAPY	62,978	3,611,427	0.017439	1,532,336	26,722	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,843	1,981,273	0.017586	829,668	14,591	67.00
68.00	06800 SPEECH PATHOLOGY	26,138	1,496,794	0.017463	635,935	11,105	68.00
69.00	06900 ELECTROCARDIOLOGY	200,227	28,286,622	0.007079	7,133,533	50,498	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	939	809,948	0.001159	243,475	282	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	466,667	47,332,137	0.009859	7,813,361	77,032	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	615,552	87,268,168	0.007054	17,436,261	122,995	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	528,188	212,839,236	0.002482	21,703,041	53,867	73.00
74.00	07400 RENAL DIALYSIS	122,776	1,915,897	0.064083	705,701	45,223	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	801,864	109,959,812	0.007292	50,699	370	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	114,893	3,046,831	0.037709	6,367	240	76.01
76.97	07697 CARDIAC REHABILITATION	58,536	64,006	0.914539	15,083	13,794	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	71,767	3,990,185	0.017986	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	33,275	291,769	0.114046	487	56	90.02
90.03	09002 ARNETT CANCER CARE CENTER	291,368	23,951,335	0.012165	74,741	909	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	49,921	368,990	0.135291	0	0	90.04
91.00	09100 EMERGENCY	1,670,521	175,794,386	0.009503	18,465,105	175,474	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,094,367	24,303,780	0.045029	250,722	11,290	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50 through 199)	13,538,388	1,139,443,716		143,320,772	1,627,570	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	42,372	0.00	15,266 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,799	0.00	990 31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,538	0.00	0 35.00	
43.00	04300	NURSERY	0	0	2,505	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	50,214	0.00	16,256 200.00	
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
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0					33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	345,312	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	345,312	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	129,132,515	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,356,131	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,988,055	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,780,914	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	3,897,251	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,180,257	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	12,603,366	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	51,743,874	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,115,531	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,020,782	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,312,444	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,611,427	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,981,273	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,496,794	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,286,622	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	809,948	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,332,137	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	87,268,168	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	345,312	345,312	212,839,236	0.001622	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,915,897	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	109,959,812	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	3,046,831	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	64,006	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	3,990,185	0.000000	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	291,769	0.000000	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	23,951,335	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	368,990	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	175,794,386	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,303,780	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	345,312	345,312	1,139,443,716		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital 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	20,900,169	0	15,418,998	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,475,632	0	1,528,626	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	40,472	0	1,346	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,296,097	0	798,924	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	2,166	0	746,308	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	15,744,717	0	15,047,761	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	902,060	0	3,404,228	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,120,434	0	8,734,826	0	59.00
60.00	06000 LABORATORY	0.000000	10,338,198	0	5,293,246	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,557,001	0	290,385	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,047,311	0	146,484	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,532,336	0	25,862	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	829,668	0	7,430	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	635,935	0	19,843	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,133,533	0	3,497,011	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	243,475	0	32,463	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,813,361	0	7,977,616	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	17,436,261	0	11,307,439	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001622	21,703,041	35,202	55,188,143	89,515	73.00
74.00	07400 RENAL DIALYSIS	0.000000	705,701	0	47,586	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	50,699	0	21,446,921	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	6,367	0	379,534	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	15,083	0	324	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	828,866	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	0.000000	487	0	147,147	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	74,741	0	8,687,512	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	36,114	0	90.04
91.00	09100 EMERGENCY	0.000000	18,465,105	0	21,085,640	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	250,722	0	5,127,117	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		143,320,772	35,202	187,253,700	89,515	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/13/2021 4:26 pm
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.108529	15,418,998	0	0	1,673,408	50.00	
51.00 05100 RECOVERY ROOM	0.172660	1,528,626	0	0	263,933	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.299461	1,346	0	0	403	52.00	
53.00 05300 ANESTHESIOLOGY	0.616559	798,924	0	0	492,584	53.00	
53.01 05301 ASC ANESTHESIOLOGY	0.017518	746,308	0	0	13,074	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.106322	15,047,761	0	0	1,599,908	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.058654	3,404,228	0	0	199,672	56.00	
59.00 05900 CARDIAC CATHETERIZATION	0.076857	8,734,826	0	0	671,333	59.00	
60.00 06000 LABORATORY	0.203679	5,293,246	0	0	1,078,123	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.201276	290,385	0	0	58,448	63.00	
65.00 06500 RESPIRATORY THERAPY	0.226388	146,484	0	0	33,162	65.00	
66.00 06600 PHYSICAL THERAPY	0.310090	25,862	0	0	8,020	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.348564	7,430	0	0	2,590	67.00	
68.00 06800 SPEECH PATHOLOGY	0.329671	19,843	0	0	6,542	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.091275	3,497,011	0	0	319,190	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.156945	32,463	0	0	5,095	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278138	7,977,616	0	0	2,218,878	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.198385	11,307,439	0	0	2,243,226	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.263494	55,188,143	0	31,225	14,541,745	73.00	
74.00 07400 RENAL DIALYSIS	0.569820	47,586	0	0	27,115	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01 07501 ASC (NON-DISTINCT PART)	0.079562	21,446,921	0	0	1,706,360	75.01	
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00	
76.01 03951 OUTPATIENT WOUND CARE CENTER	0.196111	379,534	0	0	74,431	76.01	
76.97 07697 CARDIAC REHABILITATION	12.029450	324	0	0	3,898	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 04950 SLEEP CLINIC	0.208570	828,866	0	0	172,877	90.01	
90.02 09001 ANTI COAGULATION CLINIC	3.660204	147,147	0	0	538,588	90.02	
90.03 09002 ARNETT CANCER CARE CENTER	0.121208	8,687,512	0	89	1,052,996	90.03	
90.04 09003 OUTPATIENT INFUSION CENTER	0.327491	36,114	0	0	11,827	90.04	
91.00 09100 EMERGENCY	0.081777	21,085,640	0	0	1,724,320	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270631	5,127,117	0	0	1,387,557	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
200.00		Subtotal (see instructions)	187,253,700	0	31,314	32,129,303	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	187,253,700	0	31,314	32,129,303	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/13/2021 4:26 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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	8,228		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0		90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	11		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	0	8,239		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	8,239		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part 1 Date/Time Prepared: 7/13/2021 4:26 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part 11, 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	10,164,515	0	10,164,515	42,372	239.89	30.00
31.00	INTENSIVE CARE UNIT	1,010,064		1,010,064	2,799	360.87	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	754,846		754,846	2,538	297.42	35.00
43.00	NURSERY	338,162		338,162	2,505	134.99	43.00
200.00	Total (lines 30 through 199)	12,267,587		12,267,587	50,214		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	741	177,758				
31.00	INTENSIVE CARE UNIT	394	142,183				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	334	99,338				
43.00	NURSERY	1,195	161,313				
200.00	Total (lines 30 through 199)	2,664	580,592				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	2,449,772	129,132,515	0.018971	298,974	5,672	50.00
51.00	05100	RECOVERY ROOM	348,423	10,356,131	0.033644	27,816	936	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,197,032	21,988,055	0.054440	421,196	22,930	52.00
53.00	05300	ANESTHESIOLOGY	147,533	7,780,914	0.018961	18,391	349	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,699	3,897,251	0.001975	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338,343	90,180,257	0.014841	470,901	6,989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	154,817	12,603,366	0.012284	7,527	92	56.00
59.00	05900	CARDIAC CATHETERIZATION	648,490	51,743,874	0.012533	35,153	441	59.00
60.00	06000	LABORATORY	823,004	65,115,531	0.012639	516,073	6,523	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	57,674	5,020,782	0.011487	235,691	2,707	63.00
65.00	06500	RESPIRATORY THERAPY	120,781	14,312,444	0.008439	273,780	2,310	65.00
66.00	06600	PHYSICAL THERAPY	62,978	3,611,427	0.017439	29,400	513	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,843	1,981,273	0.017586	16,596	292	67.00
68.00	06800	SPEECH PATHOLOGY	26,138	1,496,794	0.017463	29,897	522	68.00
69.00	06900	ELECTROCARDIOLOGY	200,227	28,286,622	0.007079	159,990	1,133	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	939	809,948	0.001159	9,821	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	466,667	47,332,137	0.009859	158,790	1,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	615,552	87,268,168	0.007054	157,211	1,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	528,188	212,839,236	0.002482	802,398	1,992	73.00
74.00	07400	RENAL DIALYSIS	122,776	1,915,897	0.064083	34,303	2,198	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	801,864	109,959,812	0.007292	10,974	80	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	114,893	3,046,831	0.037709	90	3	76.01
76.97	07697	CARDIAC REHABILITATION	58,536	64,006	0.914539	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	71,767	3,990,185	0.017986	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	33,275	291,769	0.114046	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	291,368	23,951,335	0.012165	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	49,921	368,990	0.135291	0	0	90.04
91.00	09100	EMERGENCY	1,670,521	175,794,386	0.009503	533,448	5,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,094,367	24,303,780	0.045029	3,050	137	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,538,388	1,139,443,716		4,251,470	63,574	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	42,372	0.00	741 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,799	0.00	394 31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,538	0.00	334 35.00	
43.00	04300	NURSERY	0	0	2,505	0.00	1,195 43.00	
200.00		Total (lines 30 through 199)	0	0	50,214	0.00	2,664 200.00	
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
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0					33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	345,312	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	345,312	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Title XIX		Hospital	PPS			
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	129,132,515	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,356,131	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,988,055	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,780,914	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	3,897,251	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,180,257	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	12,603,366	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	51,743,874	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,115,531	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,020,782	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,312,444	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,611,427	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,981,273	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,496,794	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,286,622	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	809,948	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,332,137	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	87,268,168	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	345,312	345,312	212,839,236	0.001622	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,915,897	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	109,959,812	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	3,046,831	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	64,006	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	3,990,185	0.000000	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	291,769	0.000000	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	23,951,335	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	368,990	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	175,794,386	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,303,780	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	345,312	345,312	1,139,443,716		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0.000000	298,974	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	27,816	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	421,196	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	18,391	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	470,901	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	7,527	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	35,153	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	516,073	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	235,691	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	273,780	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	29,400	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	16,596	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	29,897	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	159,990	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	9,821	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	158,790	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	157,211	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001622	802,398	1,301	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	34,303	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	10,974	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	90	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	533,448	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,050	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		4,251,470	1,301	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.108529	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.172660	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.299461	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.616559	0	0	0	0 53.00
53.01 05301 ASC ANESTHESIOLOGY	0.017518	0	0	0	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.106322	0	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.058654	0	0	0	0 56.00
59.00 05900 CARDIAC CATHETERIZATION	0.076857	0	0	0	0 59.00
60.00 06000 LABORATORY	0.203679	0	0	0	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.201276	0	0	0	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.226388	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.310090	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.348564	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.329671	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.091275	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.156945	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278138	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.198385	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.263494	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.569820	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01 07501 ASC (NON-DISTINCT PART)	0.079562	0	0	0	0 75.01
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0.196111	0	0	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	12.029450	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 04950 SLEEP CLINIC	0.208570	0	0	0	0 90.01
90.02 09001 ANTI COAGULATION CLINIC	3.660204	0	0	0	0 90.02
90.03 09002 ARNETT CANCER CARE CENTER	0.121208	0	0	0	0 90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0.327491	0	0	0	0 90.04
91.00 09100 EMERGENCY	0.081777	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270631	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0 93.00
200.00	Subtotal (see instructions)	0	0	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	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/13/2021 4:26 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0		90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	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	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/13/2021 4:26 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,372	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,372	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)		37,810	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)		15,266	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)		61,090,584	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)		61,090,584	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)		61,090,584	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)		1,441.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,010,061	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)		22,010,061	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1	
		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	8,042,766	2,799	2,873.44	990	2,844,706	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,630,355	2,538	2,218.42	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,546,218	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,400,985	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 IV)					1,019,422	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts I and IV)					662,772	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,682,194	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					48,718,791	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)					4,562	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,441.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,577,355	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/13/2021 4:26 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,164,515	61,090,584	0.166384	6,577,355	1,094,367	90.00
91.00	Nursing School cost	0	61,090,584	0.000000	6,577,355	0	91.00
92.00	Allied health cost	0	61,090,584	0.000000	6,577,355	0	92.00
93.00	All other Medical Education	0	61,090,584	0.000000	6,577,355	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/13/2021 4:26 pm
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,372	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,372	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)		37,810	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)		741	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,505	15.00
16.00	Nursery days (title V or XIX only)		1,195	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)		61,090,584	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)		61,090,584	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)		61,090,584	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)		1,441.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,068,352	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)		1,068,352	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,835,515	2,505	732.74	1,195	875,624	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,042,766	2,799	2,873.44	394	1,132,135	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,630,355	2,538	2,218.42	334	740,952	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					835,914	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,652,977	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)					580,592	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,875	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					645,467	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,007,510	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)					4,562	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,441.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,577,355	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/13/2021 4:26 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,164,515	61,090,584	0.166384	6,577,355	1,094,367	90.00
91.00	Nursing School cost	0	61,090,584	0.000000	6,577,355	0	91.00
92.00	Allied health cost	0	61,090,584	0.000000	6,577,355	0	92.00
93.00	All other Medical Education	0	61,090,584	0.000000	6,577,355	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/13/2021 4:26 pm
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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		42,506,349		30.00
31.00	03100 INTENSIVE CARE UNIT		6,345,288		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0		33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.108529	20,900,169	2,268,274	50.00
51.00	05100 RECOVERY ROOM	0.172660	1,475,632	254,783	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.299461	40,472	12,120	52.00
53.00	05300 ANESTHESIOLOGY	0.616559	1,296,097	799,120	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.017518	2,166	38	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106322	15,744,717	1,674,010	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.058654	902,060	52,909	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076857	9,120,434	700,969	59.00
60.00	06000 LABORATORY	0.203679	10,338,198	2,105,674	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.201276	1,557,001	313,387	63.00
65.00	06500 RESPIRATORY THERAPY	0.226388	5,047,311	1,142,651	65.00
66.00	06600 PHYSICAL THERAPY	0.310090	1,532,336	475,162	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348564	829,668	289,192	67.00
68.00	06800 SPEECH PATHOLOGY	0.329671	635,935	209,649	68.00
69.00	06900 ELECTROCARDIOLOGY	0.091275	7,133,533	651,113	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156945	243,475	38,212	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278138	7,813,361	2,173,193	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.198385	17,436,261	3,459,093	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.263494	21,703,041	5,718,621	73.00
74.00	07400 RENAL DIALYSIS	0.569820	705,701	402,123	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.079562	50,699	4,034	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.196111	6,367	1,249	76.01
76.97	07697 CARDIAC REHABILITATION	12.029450	15,083	181,440	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	0.208570	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	3.660204	487	1,783	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.121208	74,741	9,059	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.327491	0	0	90.04
91.00	09100 EMERGENCY	0.083428	18,465,105	1,540,507	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270631	250,722	67,853	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		143,320,772	24,546,218	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		143,320,772		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/13/2021 4:26 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,605,809		30.00
31.00	03100 INTENSIVE CARE UNIT		255,313		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0		33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		1,152,066		35.00
43.00	04300 NURSERY		201,024		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.108529	298,974	32,447	50.00
51.00	05100 RECOVERY ROOM	0.172660	27,816	4,803	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.299461	421,196	126,132	52.00
53.00	05300 ANESTHESIOLOGY	0.616559	18,391	11,339	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.017518	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106322	470,901	50,067	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.058654	7,527	441	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076857	35,153	2,702	59.00
60.00	06000 LABORATORY	0.203679	516,073	105,113	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.201276	235,691	47,439	63.00
65.00	06500 RESPIRATORY THERAPY	0.226388	273,780	61,981	65.00
66.00	06600 PHYSICAL THERAPY	0.310090	29,400	9,117	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348564	16,596	5,785	67.00
68.00	06800 SPEECH PATHOLOGY	0.329671	29,897	9,856	68.00
69.00	06900 ELECTROCARDIOLOGY	0.091275	159,990	14,603	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156945	9,821	1,541	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278138	158,790	44,166	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.198385	157,211	31,188	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.263494	802,398	211,427	73.00
74.00	07400 RENAL DIALYSIS	0.569820	34,303	19,547	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.079562	10,974	873	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.196111	90	18	76.01
76.97	07697 CARDIAC REHABILITATION	12.029450	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	0.208570	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	3.660204	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.121208	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.327491	0	0	90.04
91.00	09100 EMERGENCY	0.083428	533,448	44,504	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.270631	3,050	825	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,251,470	835,914	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,251,470		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/13/2021 4:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,911,558	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		612,707	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)		940,056	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		229,521	2.04
3.00	Managed Care Simulated Payments		14,781,472	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		179.05	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		11.95	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		11.95	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.066741	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.037262	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.037262	21.00
22.00	IME payment adjustment (see instructions)		655,396	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		297,861	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)		655,396	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		297,861	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.95	31.00
32.00	Sum of lines 30 and 31		23.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.78	33.00
34.00	Disproportionate share adjustment (see instructions)		713,908	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/13/2021 4:26 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00	
35.01	Factor 3 (see instructions)	0.000233338	0.000326093	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,948,514	2,703,313	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,458,724	681,384	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,140,108		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	37,203,254		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)		37,501,115	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,970,443	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).		419,845	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		214,557	54.00	
54.01	Isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		35,202	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		41,141,162	59.00	
60.00	Primary payer payments		30,278	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,110,884	61.00	
62.00	Deductibles billed to program beneficiaries		3,414,136	62.00	
63.00	Coinsurance billed to program beneficiaries		59,620	63.00	
64.00	Allowable bad debts (see instructions)		283,918	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		184,547	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		76,458	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,821,675	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-9,108	70.93	
70.94	HRR adjustment amount (see instructions)		-119,494	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/13/2021 4:26 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	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	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)			37,693,073	71.00
71.01	Sequestration adjustment (see instructions)			248,774	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			36,803,897	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)			640,402	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			886,634	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)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2				91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)				92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)				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)				95.00
96.00	Time value of money for capital related expenses (see instructions)				96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/13/2021 4:26 pm

		Title XVIII		Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,911,558	0	22,911,558	22,911,558	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,612,707	0	9,612,707	9,612,707	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	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	940,056	0	940,056	940,056	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	229,521	0	229,521	229,521	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,781,472	0	10,607,915	4,173,557	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.037262	0.037262	0.037262	0.037262	5.00
6.00	IME payment adjustment (see instructions)	22.00	655,396	0	461,690	193,706	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	297,861	0	213,760	84,101	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	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	655,396	0	461,690	193,706	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	297,861	0	213,760	84,101	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0878	0.0878	0.0878	0.0878	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	713,908	0	502,909	210,999	11.00
11.01	Uncompensated care payments	36.00	2,140,108	0	843,295	315,057	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	37,203,254	0	26,641,264	10,561,990	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	37,501,115	0	26,855,024	10,646,091	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,970,443	0	2,144,013	826,430	16.00
17.00	Special add-on payments for new technologies	54.00	214,557	0	0	214,557	17.00
17.01	Net organ acquisition cost						17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/13/2021 4:26 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
17.02	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	28,999,037	11,687,078	40,686,115	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	2,530,106	0	1,811,101	719,005	2,530,106	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	243,748	0	192,190	51,558	243,748	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	0.0285	0.0285	0.0285	0.0285		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	72,108	0	51,616	20,492	72,108	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0492	0.0492	0.0492	0.0492		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	124,481	0	89,106	35,375	124,481	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,970,443	0	2,144,013	826,430	2,970,443	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	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: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/13/2021 4:26 pm
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		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,911,558	22,911,558		22,911,558	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,612,707		9,612,707	9,612,707	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	940,056	940,056		940,056	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	229,521		229,521	229,521	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,781,472	10,607,915	4,173,557	14,781,472	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.037262	0.037262	0.037262		5.00
6.00	IME payment adjustment (see instructions)	22.00	655,396	461,690	193,706	655,396	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	297,861	213,760	84,101	297,861	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	655,396	461,690	193,706	655,396	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	297,861	213,760	84,101	297,861	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0878	0.0878	0.0878		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	713,908	502,909	210,999	713,908	11.00
11.01	Uncompensated care payments	36.00	2,140,108	934,898	743,667	1,678,565	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	37,203,254	26,212,654	10,990,600	37,203,254	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	37,501,115	26,426,414	11,074,701	37,501,115	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,970,443	2,144,013	826,430	2,970,443	16.00
17.00	Special add-on payments for new technologies	54.00	214,557	0	214,557	214,557	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			28,570,427	12,115,688	40,686,115	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/13/2021 4:26 pm
Title XVIII		Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,530,106	1,811,101	719,005	2,530,106	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	243,748	192,190	51,558	243,748	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	0.0285	0.0285	0.0285		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	72,108	51,616	20,492	72,108	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0492	0.0492	0.0492		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	124,481	89,106	35,375	124,481	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,970,443	2,144,013	826,430	2,970,443	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	-9,108	7,757	-16,865	-9,108	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	-119,494	-87,065	-32,429	-119,494	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: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/13/2021 4:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,239	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,039,788	2.00
3.00	OPPS payments		27,279,190	3.00
4.00	Outlier payment (see instructions)		301,243	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		89,515	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,239	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		31,314	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)		31,314	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		31,314	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		23,075	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)		8,239	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)		27,669,948	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,767,452	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)		22,910,735	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		273,228	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)		23,183,963	30.00
31.00	Primary payer payments		7,907	31.00
32.00	Subtotal (line 30 minus line 31)		23,176,056	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)		-28,575	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		-18,574	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-268,436	36.00
37.00	Subtotal (see instructions)		23,157,482	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-128	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	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)		23,157,610	40.00
40.01	Sequestration adjustment (see instructions)		152,840	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		23,378,879	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-374,109	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,850	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: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part I Date/Time Prepared: 7/13/2021 4:26 pm	
		Title XVIII	Hospital	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		36,803,897		23,378,879
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		36,803,897		23,378,879
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		640,402		0
6.02	SETTLEMENT TO PROGRAM		0		374,109
7.00	Total Medicare program liability (see instructions)		37,444,299		23,004,770
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/13/2021 4:26 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/13/2021 4:26 pm
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	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts		0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		0.00	6.00
7.00	Enter the lesser of line 5 or line 6		0.00	7.00

					Primary Care	Other	Total	
					1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.		0.00	0.00	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.		0.00	0.00	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00				10.01
11.00	Total weighted FTE count		0.00	0.00				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)		0.00	0.00				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)		0.00	0.00				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).		0.00	0.00				14.00
15.00	Adjustment for residents in initial years of new programs		11.95	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs		0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure		0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure		0.00	0.00				16.01
17.00	Adjusted rolling average FTE count		11.95	0.00				17.00
18.00	Per resident amount		106,854.87	0.00				18.00
19.00	Approved amount for resident costs		1,276,916	0			1,276,916	19.00

					1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00				20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00				21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00				22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00				23.00
24.00	Multiply line 22 time line 23			0				24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,276,916				25.00

					Inpatient Part A	Managed Care	Total	
					1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD								
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02,	16,256	8,120				26.00
27.00	Total Inpatient Days (see instructions)		43,863	43,863				27.00
28.00	Ratio of inpatient days to total inpatient days		0.370608	0.185122				28.00
29.00	Program direct GME amount		473,235	236,385			709,620	29.00
29.01	Percent reduction for MA DGME			7.00				29.01
30.00	Reduction for direct GME payments for Medicare Advantage			16,547			16,547	30.00
31.00	Net Program direct GME amount						693,073	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/13/2021 4:26 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,915,897	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		49,400,985	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		30,278	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,370,707	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,137,542	42.00
43.00	Primary payer payments (see instructions)		7,907	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,129,635	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		81,500,342	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.605773	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.394227	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		693,073	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		419,845	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		273,228	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type provider CCN: 15-0173) Period: From 01/01/2020 To 12/31/2020 Worksheet G
 accounting records, complete the General Fund column only) Date/Time Prepared: 7/13/2021 4:26 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	39,659,283	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	498,092	0	0	0	3.00
4.00	Accounts receivable	44,086,028	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,978,597	0	0	0	7.00
8.00	Prepaid expenses	3,017,867	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	97,239,867	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,859,567	0	0	0	12.00
13.00	Land improvements	394,836	0	0	0	13.00
14.00	Accumulated depreciation	-87,046	0	0	0	14.00
15.00	Buildings	222,252,060	0	0	0	15.00
16.00	Accumulated depreciation	-59,851,371	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	194,358	0	0	0	21.00
22.00	Accumulated depreciation	-162,854	0	0	0	22.00
23.00	Major movable equipment	97,156,126	0	0	0	23.00
24.00	Accumulated depreciation	-67,207,443	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)	196,548,233	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,731,523	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	7,909,566	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,641,089	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	305,429,189	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,800,772	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,207,040	0	0	0	38.00
39.00	Payroll taxes payable	12,513	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	32,311,457	0	0	0	42.00
43.00	Due to other funds	2,813,690	0	0	0	43.00
44.00	Other current liabilities	105,230	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	68,250,702	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,431,796	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,431,796	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	69,682,498	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	235,746,691	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	235,746,691	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	305,429,189	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:
7/13/2021 4:26 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		221,076,352		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		14,670,340				2.00
3.00	Total (sum of line 1 and line 2)		235,746,692		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)		235,746,692		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	1		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)		1		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		235,746,691		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	ROUNDING		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: 15-0173

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/13/2021 4:26 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	108,838,173		108,838,173	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	108,838,173		108,838,173	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,457,339		18,457,339	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,154,124		12,154,124	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,611,463		30,611,463	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	139,449,636		139,449,636	17.00
18.00	Ancillary services	348,344,056	562,399,215	910,743,271	18.00
19.00	Outpatient services	43,531,801	185,168,644	228,700,445	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 - PHYSICIAN, RETAIL PHARMACY	0	287,109,772	287,109,772	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	31,325,493	1,034,677,631	1,566,003,124	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		455,961,743		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)		455,961,743		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 7/13/2021 4:26 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,566,003,124	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,119,548,775	2.00
3.00	Net patient revenues (line 1 minus line 2)	446,454,349	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	455,961,743	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,507,394	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	10,658,434	24.00
24.50	COVID-19 PHE Funding	13,519,300	24.50
25.00	Total other income (sum of lines 6-24)	24,177,734	25.00
26.00	Total (line 5 plus line 25)	14,670,340	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,670,340	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet I-5 Date/Time Prepared: 7/13/2021 4:26 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)		0	12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)		0	13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/13/2021 4:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,530,106	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		243,748	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)		119.84	3.00
4.00	Number of interns & residents (see instructions)		11.95	4.00
5.00	Indirect medical education percentage (see instructions)		2.85	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)		72,108	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.95	8.00
9.00	Sum of lines 7 and 8		23.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.92	10.00
11.00	Disproportionate share adjustment (see instructions)		124,481	11.00
12.00	Total prospective capital payments (see instructions)		2,970,443	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