

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/28/2021 10:06 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47747- County: VANDERBURGH				
1.00 Street: 600 MARY STREET		2.00 City: EVANSVILLE								
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	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT	15S082	21780	4	10/01/2009	N	P	P	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)				10/01/2019		09/30/2020		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)			N	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.			N	N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				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.			3,065	1,946	794	525	18,864	126	24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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.					N			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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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	2		60.03	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted FTE Count	IME	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" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospi- tal	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)					0.000000	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
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)	FAMILY PRACTICE	1350	2.30	16.16	0.124594	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.15	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
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 PRACTICE	1350	3.55	18.13	0.163745	67.00	
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00
			V 1.00	XIX 2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
			Physical 1.00	Occupational 2.00
			Speech 3.00	Respiratory 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
			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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,847,601	275,330	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0778	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/28/2021 10:06 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001			
142.00	Street: 600 MARY STREET	PO Box:					
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710				
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
					1.00		
					2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00	
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	
					1.00		
					2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 4/28/2021 10:06 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.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y				15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/26/2021	Y	03/26/2021		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/28/2021 10:06 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				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				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.				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.				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.				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.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/28/2021 10:06 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.	MANAGER OF REIMBURSEMENT		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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-3
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	461	165,744	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)		461	165,744	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,352	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,856	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		549	197,952	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	3,044		0	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)		549				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-3
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	44,298	5,473	111,144			1.00
2.00 HMO and other (see instructions)	25,645	18,790				2.00
3.00 HMO IPF Subprovider	177	311				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	44,298	5,473	111,144			7.00
8.00 INTENSIVE CARE UNIT	6,522	856	17,364			8.00
9.00 CORONARY CARE UNIT	1,772	201	4,351			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	52,592	6,530	132,859	21.43	4,181.02	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	625	146	1,635	0.00	11.24	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)			12			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)				21.43	4,192.26	27.00
28.00 Observation Bed Days		2,438	9,516			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	0	0			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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-3
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	11,680	1,138	29,656	1.00
2.00 HMO and other (see instructions)			4,888	3,708		2.00
3.00 HMO IPF Subprovider				56		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	11,680	1,138	29,656	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	48	18	185	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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-3
Part II
Date/Time Prepared:
4/28/2021 10:06 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)	200.00 305,204,823	-1,295,102	303,909,721	8,788,471.42	34.58	1.00
2.00	Non-physician anesthetist Part A	0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	2,117,756	0	2,117,756	23,901.73	88.60	3.00
4.00	Physician-Part A - Administrative	3,715,103	215,898	3,931,001	29,312.43	134.11	4.00
4.01	Physicians - Part A - Teaching	0	1,586,096	1,586,096	15,003.20	105.72	4.01
5.00	Physician and Non-Physician-Part B	43,779,514	0	43,779,514	266,005.41	164.58	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services	0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00 0	1,749,210	1,749,210	50,405.93	34.70	7.00
7.01	Contracted interns and residents (in an approved programs)	0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel	67,793,652	0	67,793,652	2,372,831.00	28.57	8.00
9.00	SNF	44.00 0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	18,530,341	1,763,766	20,294,107	530,510.35	38.25	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care	3,893,479	0	3,893,479	41,937.13	92.84	11.00
12.00	Contract labor: Top level management and other management and administrative services	0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative	8,374,987	50,295	8,425,282	74,590.52	112.95	13.00
14.00	Home office and/or related organization salaries and wage-related costs	0	0	0	0.00	0.00	14.00
14.01	Home office salaries	48,183,646	0	48,183,646	1,730,821.00	27.84	14.01
14.02	Related organization salaries	5,210,893	0	5,210,893	142,415.72	36.59	14.02
15.00	Home office: Physician Part A - Administrative	306,514	0	306,514	1,464.21	209.34	15.00
16.00	Home office and Contract Physicians Part A - Teaching	0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching	0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching	0	0	0	0.00	0.00	16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)	67,983,722	0	67,983,722			17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas	18,300,372	0	18,300,372			19.00
20.00	Non-physician anesthetist Part A	0	0	0			20.00
21.00	Non-physician anesthetist Part B	315,351	0	315,351			21.00
22.00	Physician Part A - Administrative	305,380	0	305,380			22.00
22.01	Physician Part A - Teaching	203,191	0	203,191			22.01
23.00	Physician Part B	2,616,760	0	2,616,760			23.00
24.00	Wage-related costs (RHC/FQHC)	0	0	0			24.00
25.00	Interns & residents (in an approved program)	364,806	0	364,806			25.00
25.50	Home office wage-related (core)	13,543,370	0	13,543,370			25.50
25.51	Related organization wage-related (core)	1,479,261	0	1,479,261			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)	54,091	0	54,091			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-3
Part II
Date/Time Prepared:
4/28/2021 10:06 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	4.00 2,130,095	97,291	2,227,386	71,047.07	31.35	26.00
27.00	Administrative & General	5.00 43,685,920	-5,235,719	38,450,201	1,006,166.05	38.21	27.00
28.00	Administrative & General under contract (see inst.)	8,731,141	0	8,731,141	57,942.00	150.69	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 3,662,568	182,168	3,844,736	131,545.61	29.23	30.00
31.00	Laundry & Linen Service	8.00 805,126	23,973	829,099	52,304.43	15.85	31.00
32.00	Housekeeping	9.00 5,285,927	113,093	5,399,020	337,090.14	16.02	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 4,541,886	-2,483,911	2,057,975	130,910.83	15.72	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	1,562,642	1,562,642	99,401.96	15.72	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 4,472,730	50,091	4,522,821	161,646.01	27.98	38.00
39.00	Central Services and Supply	14.00 2,186,510	63,949	2,250,459	111,784.19	20.13	39.00
40.00	Pharmacy	15.00 9,398,595	157,711	9,556,306	258,534.67	36.96	40.00
41.00	Medical Records & Medical Records Library	16.00 2,328,026	23,906	2,351,932	124,510.76	18.89	41.00
42.00	Social Service	17.00 5,578,850	68,575	5,647,425	157,633.71	35.83	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet S-3
Part III
Date/Time Prepared:
4/28/2021 10:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	200,245,042	-4,630,408	195,614,634	6,118,266.15	31.97	1.00
2.00	Excluded area salaries (see instructions)	18,530,341	1,763,766	20,294,107	530,510.35	38.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	181,714,701	-6,394,174	175,320,527	5,587,755.80	31.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	65,969,519	50,295	66,019,814	1,991,228.58	33.16	4.00
5.00	Subtotal wage-related costs (see inst.)	83,365,824	0	83,365,824	0.00	47.55	5.00
6.00	Total (sum of lines 3 thru 5)	331,050,044	-6,343,879	324,706,165	7,578,984.38	42.84	6.00
7.00	Total overhead cost (see instructions)	92,807,374	-5,376,231	87,431,143	2,700,517.43	32.38	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 4/28/2021 10:06 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	9,966,871	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)	6,744,172	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	6,191	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	203,296	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)	46,250,601	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	1,311,742	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	293,395	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	2,048	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	3,874,824	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,431,569	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	16,780,968	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	177,907	19.00
20.00	State or Federal Unemployment Taxes	7,164	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	1,214,791	21.00
22.00	Day Care Cost and Allowances	859,137	22.00
23.00	Tuition Reimbursement	964,907	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	90,089,583	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: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part V Date/Time Prepared: 4/28/2021 10:06 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/28/2021 10:06 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.224267	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		60,040,032	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		391,625,224	6.00	
7.00	Medicaid cost (line 1 times line 6)		87,828,614	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)		27,788,582	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		27,788,582	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)	44,867,972	6,723,052	51,591,024	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,062,405	6,723,052	16,785,457	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	3,586	3,586	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,062,405	6,719,466	16,781,871	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)			23,543,533	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,757,520	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,703,877	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,839,656	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,620,004	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			22,401,875	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			50,190,457	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet A Date/Time Prepared: 4/28/2021 10:06 pm			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		32,979,159		32,979,159	8,490,749	41,469,908	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	0	158,042	158,042	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,860,555	7,860,555	7,860,555	24,998,669	32,859,224	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,130,095	51,536,658	53,666,753	3,555,032	57,221,785	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	43,685,920	128,366,421	172,052,341	-21,315,551	150,736,790	5.00	
7.00	00700	OPERATION OF PLANT	3,662,568	19,220,900	22,883,468	-8,090,265	14,793,203	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	805,126	1,048,177	1,853,303	-92,983	1,760,320	8.00	
9.00	00900	HOUSEKEEPING	5,285,927	2,333,571	7,619,498	120,332	7,739,830	9.00	
10.00	01000	DIETARY	4,541,886	5,014,229	9,556,115	-5,344,228	4,211,887	10.00	
11.00	01100	CAFETERIA	0	0	0	3,181,295	3,181,295	11.00	
13.00	01300	NURSING ADMINISTRATION	4,472,730	2,117,168	6,589,898	-788,849	5,801,049	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	2,186,510	2,276,397	4,462,907	-282,379	4,180,528	14.00	
15.00	01500	PHARMACY	9,398,595	85,603,957	95,002,552	-83,443,997	11,558,555	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,328,026	-646,745	1,681,281	25,152	1,706,433	16.00	
17.00	01700	SOCIAL SERVICE	5,578,850	821,965	6,400,815	54,572	6,455,387	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,749,210	1,749,210	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,075,172	2,075,172	22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY	263,930	57,584	321,514	0	321,514	23.00	
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	281,381	281,381	23.01	
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	841,064	841,064	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	65,916,312	21,714,431	87,630,743	236,998	87,867,741	30.00	
31.00	03100	INTENSIVE CARE UNIT	11,919,703	3,449,906	15,369,609	47,551	15,417,160	31.00	
32.00	03200	CORONARY CARE UNIT	2,835,722	858,736	3,694,458	-6,798	3,687,660	32.00	
40.00	04000	SUBPROVIDER - IPF	987,475	101,678	1,089,153	-418,120	671,033	40.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	30,590,609	97,852,507	128,443,116	-18,001,297	110,441,819	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,522,540	7,384,515	13,907,055	-3,504,143	10,402,912	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,833,246	19,863,054	22,696,300	-1,328,987	21,367,313	55.00	
56.00	05600	RADIO SOTOPE	679,427	955,598	1,635,025	387,613	2,022,638	56.00	
57.00	05700	CT SCAN	2,428,202	1,553,196	3,981,398	480,962	4,462,360	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,586,383	1,383,742	2,970,125	11,195	2,981,320	58.00	
59.00	05900	CARDIAC CATHETERIZATION	5,367,294	26,728,290	32,095,584	-18,247,605	13,847,979	59.00	
60.00	06000	LABORATORY	14,370,214	22,165,020	36,535,234	-533,594	36,001,640	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	822,085	3,372,475	4,194,560	0	4,194,560	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,623,583	937,456	2,561,039	-226,897	2,334,142	64.00	
65.00	06500	RESPIRATORY THERAPY	4,092,135	2,056,301	6,148,436	-302,025	5,846,411	65.00	
65.01	06501	PULMONARY REHAB	184,440	43,853	228,293	-5,724	222,569	65.01	
66.00	06600	PHYSICAL THERAPY	399	17,170,005	17,170,404	-54,256	17,116,148	66.00	
69.00	06900	ELECTROCARDIOLOGY	2,474,025	2,564,516	5,038,541	-236,262	4,802,279	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,206,093	8,206,093	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,899,207	28,899,207	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	83,470,322	83,470,322	73.00	
74.00	07400	RENAL DIALYSIS	127,229	1,740,436	1,867,665	-1,084	1,866,581	74.00	
76.97	07697	CARDIAC REHABILITATION	408,735	235,541	644,276	-225	644,051	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,116,993	571,946	2,688,939	34,461	2,723,400	90.00	
90.01	09001	FAMILY PRACTICE	4,014,090	1,048,108	5,062,198	-3,772,148	1,290,050	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	715,831	353,751	1,069,582	14,472	1,084,054	90.02	
90.03	09003	CHEMO	1,300,970	659,955	1,960,925	-67,272	1,893,653	90.03	
90.04	09004	PRI MARY CARE FOR SENIORS	1,651,561	541,383	2,192,944	47,764	2,240,708	90.04	
90.05	09005	PAIN MANAGEMENT	2,395,657	1,449,721	3,845,378	-183,610	3,661,768	90.05	
90.06	09006	WOUND CARE	1,284,095	1,519,058	2,803,153	-617,282	2,185,871	90.06	
90.07	09007	SLEEP CENTER	2,870,307	762,069	3,632,376	29,320	3,661,696	90.07	
90.08	09008	HEMATOLOGY	559,029	141,852	700,881	13,968	714,849	90.08	
90.09	09009	MULTI-SPECIALTY SERVICES	574,222	192,451	766,673	11,258	777,931	90.09	
90.10	09010	DIABETES CENTER	193,283	89,803	283,086	6,169	289,255	90.10	
91.00	09100	EMERGENCY	23,329,552	12,425,685	35,755,237	-255,335	35,499,902	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,257,759	846,000	5,103,759	-59,910	5,043,849	92.01	
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,552,617	7,490,425	10,043,042	-299,659	9,743,383	96.00	
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	287,925,887	598,813,459	886,739,346	-52,462	886,686,884	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,068,090	2,068,090	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,722,097	2,239,352	11,961,449	-461,524	11,499,925	192.00	
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01	
192.02	19202	HENDERSON ER PHYSICIANS	856,051	-865,260	-9,209	0	-9,209	192.02	
192.03	19203	FAMILY PHARMACY	1,437,860	29,789,491	31,227,351	-1,759,335	29,468,016	192.03	
194.00	07950	MISC NONREIMBURSABLE	1,321,620	1,524,867	2,846,487	-2,879	2,843,608	194.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet A Date/Time Prepared: 4/28/2021 10:06 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	
194.01	07951 OCCUPATIONAL HEALTH	46,835	12,595	59,430	376	59,806	194.01
194.02	07952 OTHER FACILITIES	891,672	2,760,412	3,652,084	109,085	3,761,169	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	905,147	909,311	1,814,458	27,180	1,841,638	194.04
194.05	07955 CHILD CARE CENTER	2,097,654	668,870	2,766,524	71,469	2,837,993	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	43	43	0	43	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	305,204,823	635,853,140	941,057,963	0	941,057,963	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A
Date/Time Prepared:
4/28/2021 10:06 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	-1,440,584	40,029,324	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	158,042	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-230	32,858,994	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-23,920,034	33,301,751	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-73,429,442	77,307,348	5.00
7.00	00700	OPERATION OF PLANT	-7,361,240	7,431,963	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-166,404	1,593,916	8.00
9.00	00900	HOUSEKEEPING	-1,819,396	5,920,434	9.00
10.00	01000	DIETARY	-541,630	3,670,257	10.00
11.00	01100	CAFETERIA	-594,534	2,586,761	11.00
13.00	01300	NURSING ADMINISTRATION	-212,266	5,588,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-634,269	3,546,259	14.00
15.00	01500	PHARMACY	-4,065,659	7,492,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-507,803	1,198,630	16.00
17.00	01700	SOCIAL SERVICE	-930,562	5,524,825	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,749,210	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,075,172	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	321,514	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	281,381	23.01
23.03	02303	PARAMED PRGM-NURSING	0	841,064	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-26,462,000	61,405,741	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,417,160	31.00
32.00	03200	CORONARY CARE UNIT	0	3,687,660	32.00
40.00	04000	SUBPROVIDER - IPF	0	671,033	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-36,988,282	73,453,537	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-319,208	10,083,704	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,028,113	12,339,200	55.00
56.00	05600	RADIOISOTOPE	0	2,022,638	56.00
57.00	05700	CT SCAN	0	4,462,360	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,981,320	58.00
59.00	05900	CARDIAC CATHETERIZATION	-745,313	13,102,666	59.00
60.00	06000	LABORATORY	-239,917	35,761,723	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,194,560	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,334,142	64.00
65.00	06500	RESPIRATORY THERAPY	-37,442	5,808,969	65.00
65.01	06501	PULMONARY REHAB	-81	222,488	65.01
66.00	06600	PHYSICAL THERAPY	-6,970,865	10,145,283	66.00
69.00	06900	ELECTROCARDIOLOGY	-656,602	4,145,677	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,206,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,899,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,470,322	73.00
74.00	07400	RENAL DIALYSIS	-3,551	1,863,030	74.00
76.97	07697	CARDIAC REHABILITATION	0	644,051	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-180,415	2,542,985	90.00
90.01	09001	FAMILY PRACTICE	-40,904	1,249,146	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,084,054	90.02
90.03	09003	CHEMO	-26,017	1,867,636	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,277,008	963,700	90.04
90.05	09005	PAIN MANAGEMENT	-522,528	3,139,240	90.05
90.06	09006	WOUND CARE	-207,439	1,978,432	90.06
90.07	09007	SLEEP CENTER	-1,388,084	2,273,612	90.07
90.08	09008	HEMATOLOGY	-8,577	706,272	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	-365,466	412,465	90.09
90.10	09010	DIABETES CENTER	0	289,255	90.10
91.00	09100	EMERGENCY	-14,617,935	20,881,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,043,849	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	9,743,383	96.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-215,709,800	670,977,084	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,068,090	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,499,925	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	-9,209	192.02
192.03	19203	FAMILY PHARMACY	0	29,468,016	192.03
194.00	07950	MISC NONREIMBURSABLE	0	2,843,608	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	59,806	194.01
194.02	07952	OTHER FACILITIES	0	3,761,169	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.03	07953 THE HEART HOSPITAL	6.00	7.00	194.03
194.04	07954 PR	0	1,841,638	194.04
194.05	07955 CHILD CARE CENTER	0	2,837,993	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	43	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	194.08
194.09	07959 HOME OFFICE	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-215,709,800	725,348,163	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/28/2021 10:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,871,243	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,923	2.00
	0		0	7,877,166	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,907,059	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
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
	0		0	23,907,059	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	376,034	1.00
2.00	OTHER FACILITIES	194.02	0	123,430	2.00
3.00		0.00	0	0	3.00
	0		0	499,464	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,562,642	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,015,839	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	1,618,653	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,052,251	5.00
6.00		0.00	0	0	6.00
	0		2,578,481	2,670,904	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/28/2021 10:06 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
E - INCENTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	88,580	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	2,089,697	0	2.00	
3.00	OPERATION OF PLANT	7.00	168,910	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	30,003	0	4.00	
5.00	HOUSEKEEPING	9.00	131,946	0	5.00	
6.00	DIETARY	10.00	90,360	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	113,971	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	67,905	0	8.00	
9.00	PHARMACY	15.00	204,547	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	7,645	0	10.00	
11.00	SOCIAL SERVICE	17.00	67,696	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	725,733	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	150,764	0	13.00	
14.00	CORONARY CARE UNIT	32.00	56,795	0	14.00	
15.00	SUBPROVIDER - IPF	40.00	21,887	0	15.00	
16.00	OPERATING ROOM	50.00	386,327	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	160,231	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	55,842	0	18.00	
19.00	RADIOISOTOPE	56.00	9,052	0	19.00	
20.00	CT SCAN	57.00	47,690	0	20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	30,940	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	126,325	0	22.00	
23.00	LABORATORY	60.00	239,746	0	23.00	
24.00	INTRAVENOUS THERAPY	64.00	42,377	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	67,743	0	25.00	
26.00	PULMONARY REHAB	65.01	3,121	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	46,312	0	27.00	
28.00	RENAL DIALYSIS	74.00	8,792	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	12,026	0	29.00	
30.00	CLINIC	90.00	26,495	0	30.00	
31.00	FAMILY PRACTICE	90.01	40,164	0	31.00	
32.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	13,747	0	32.00	
33.00	CHEMO	90.03	4,459	0	33.00	
34.00	PRIMARY CARE FOR SENIORS	90.04	44,178	0	34.00	
35.00	PAIN MANAGEMENT	90.05	36,124	0	35.00	
36.00	WOUND CARE	90.06	31,998	0	36.00	
37.00	SLEEP CENTER	90.07	48,476	0	37.00	
38.00	HEMATOLOGY	90.08	12,292	0	38.00	
39.00	MULTI-SPECIALTY SERVICES	90.09	11,021	0	39.00	
40.00	DIABETES CENTER	90.10	4,777	0	40.00	
41.00	EMERGENCY	91.00	132,740	0	41.00	
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	46,890	0	42.00	
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	19,182	0	43.00	
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	41,126	0	44.00	
45.00	FAMILY PHARMACY	192.03	36,960	0	45.00	
46.00	MISC NONREIMBURSABLE	194.00	46,367	0	46.00	
47.00	PR	194.04	26,589	0	47.00	
48.00	CHILD CARE CENTER	194.05	72,282	0	48.00	
49.00		0.00	0	0	49.00	
0			5,948,830	0		
F - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	530,824	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	495,049	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	
0			0	1,025,873		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	83,470,322	1.00	
2.00		0.00	0	0	2.00	
0			0	83,470,322		
H - RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,749,210	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,616,946	0	2.00	
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	458,226	3.00	
4.00		0.00	0	0	4.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/28/2021 10:06 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
			3,366,156	458,226	
I - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	256,959	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	24,422	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
			256,959	24,422	
J - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	849,241	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	5,628	2.00
3.00	MI SC NONREIMBURSABLE	194.00	0	77	3.00
4.00	OTHER FACILITIES	194.02	0	18,294	4.00
5.00	CHILD CARE CENTER	194.05	0	1,424	5.00
6.00		0.00	0	0	6.00
			0	874,664	
K - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	841,064	0	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
			841,064	0	
L - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,206,093	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,899,207	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
			0	37,105,300	
M - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,486,778	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	21,350	0	4.00
5.00		0.00	0	0	5.00
			21,350	3,486,778	
N - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	396,285	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	220,527	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,276	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,383	4.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6
Date/Time Prepared:
4/28/2021 10:06 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
5.00	PHYSICAL THERAPY	66.00	0	15,586	5.00	
6.00	PRIMARY CARE FOR SENIORS	90.04	0	3,790	6.00	
7.00	SLEEP CENTER	90.07	0	26,708	7.00	
8.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	6,064	8.00	
9.00	CHILD CARE CENTER	194.05	0	23,114	9.00	
10.00		0.00	0	0	10.00	
0			0	697,733		
O - DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,378	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	95,463	2.00	
3.00	OPERATION OF PLANT	7.00	0	14,294	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	11,853	4.00	
5.00	HOUSEKEEPING	9.00	0	44,265	5.00	
6.00	DIETARY	10.00	0	22,173	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	34,098	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,143	8.00	
9.00	PHARMACY	15.00	0	124,870	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,563	10.00	
11.00	SOCIAL SERVICE	17.00	0	51,531	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	395,686	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	119,382	13.00	
14.00	CORONARY CARE UNIT	32.00	0	34,536	14.00	
15.00	SUBPROVIDER - IPF	40.00	0	3,602	15.00	
16.00	OPERATING ROOM	50.00	0	126,716	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	58,396	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,687	18.00	
19.00	RADIOISOTOPE	56.00	0	7,848	19.00	
20.00	CT SCAN	57.00	0	27,906	20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18,397	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	25,137	22.00	
23.00	LABORATORY	60.00	0	92,947	23.00	
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,979	24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	9,235	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	42,403	26.00	
27.00	PULMONARY REHAB	65.01	0	1,708	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	30,481	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	2,051	29.00	
30.00	CLINIC	90.00	0	8,391	30.00	
31.00	FAMILY PRACTICE	90.01	0	1,974	31.00	
32.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	938	32.00	
33.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1,237	33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,591	34.00	
35.00	FAMILY PHARMACY	192.03	0	12,962	35.00	
36.00	WOUND CARE	90.06	0	7,941	36.00	
37.00	SLEEP CENTER	90.07	0	7,633	37.00	
38.00	HEMATOLOGY	90.08	0	6,689	38.00	
39.00	MULTI-SPECIALTY SERVICES	90.09	0	14,149	39.00	
40.00	DIABETES CENTER	90.10	0	493	40.00	
41.00	EMERGENCY	91.00	0	86,927	41.00	
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	22,550	42.00	
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	12,278	43.00	
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,651	44.00	
45.00	FAMILY PHARMACY	192.03	0	9,682	45.00	
46.00	MISC NONREIMBURSABLE	194.00	0	4,319	46.00	
47.00	PR	194.04	0	3,486	47.00	
48.00	CHILD CARE CENTER	194.05	0	21,071	48.00	
0			0	1,686,690		
P - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	510	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	34,136	0	2.00	
3.00	OPERATION OF PLANT	7.00	800	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	1,230	0	4.00	
5.00	HOUSEKEEPING	9.00	1,125	0	5.00	
6.00	DIETARY	10.00	2,245	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	810	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	170	0	8.00	
9.00	PHARMACY	15.00	11,902	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	2,052	0	10.00	
11.00	SOCIAL SERVICE	17.00	19,156	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	118,804	0	12.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6
Date/Time Prepared:
4/28/2021 10:06 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	INTENSIVE CARE UNIT	31.00	6,112	0	13.00
14.00	CORONARY CARE UNIT	32.00	5,455	0	14.00
15.00	SUBPROVIDER - IPF	40.00	55	0	15.00
16.00	OPERATING ROOM	50.00	34,436	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	2,885	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	2,666	0	18.00
19.00	RADIOISOTOPE	56.00	480	0	19.00
20.00	CT SCAN	57.00	590	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	330	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	50	0	22.00
23.00	LABORATORY	60.00	9,139	0	23.00
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	750	0	24.00
25.00	INTRAVENOUS THERAPY	64.00	730	0	25.00
26.00	RESPIRATORY THERAPY	65.00	730	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	25	0	27.00
28.00	RENAL DIALYSIS	74.00	200	0	28.00
29.00	CLINIC	90.00	990	0	29.00
30.00	FAMILY PRACTICE	90.01	6,578	0	30.00
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	140	0	31.00
32.00	CHEMO	90.03	400	0	32.00
33.00	PRIMARY CARE FOR SENIORS	90.04	3,510	0	33.00
34.00	PAIN MANAGEMENT	90.05	370	0	34.00
35.00	WOUND CARE	90.06	3,560	0	35.00
36.00	SLEEP CENTER	90.07	1,557	0	36.00
37.00	HEMATOLOGY	90.08	2,160	0	37.00
38.00	MULTI-SPECIALTY SERVICES	90.09	2,250	0	38.00
39.00	EMERGENCY	91.00	22,920	0	39.00
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	470	0	40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	190	0	41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	25,080	0	42.00
43.00	FAMILY PHARMACY	192.03	85	0	43.00
44.00	MISC NONREIMBURSABLE	194.00	610	0	44.00
45.00	OTHER FACILITIES	194.02	10,474	0	45.00
46.00	PR	194.04	80	0	46.00
47.00	CHILD CARE CENTER	194.05	392	0	47.00
	0		339,389	0	
Q - PART A PHYSICIAN					
1.00	INTENSIVE CARE UNIT	31.00	215,898	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	50,295	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		215,898	50,295	
R - HSB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	152,414	1.00
2.00		0.00	0	0	2.00
	0			152,414	
S - ACTIVITY THERAPY					
1.00	SUBPROVIDER - IPF	40.00	17,702	0	1.00
2.00		0.00	0	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0	2,433	3.00
4.00		0.00	0	0	4.00
	0		17,702	2,433	
T - PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,579	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	241,118	0	2.00
3.00	OPERATION OF PLANT	7.00	26,752	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	4,593	0	4.00
5.00	HOUSEKEEPING	9.00	24,287	0	5.00
6.00	DIETARY	10.00	24,138	0	6.00
7.00	NURSING ADMINISTRATION	13.00	22,816	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	11,017	0	8.00
9.00	PHARMACY	15.00	66,132	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	17,772	0	10.00
11.00	SOCIAL SERVICE	17.00	33,691	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	172,213	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	41,596	0	13.00
14.00	CORONARY CARE UNIT	32.00	8,311	0	14.00
15.00	SUBPROVIDER - IPF	40.00	4,802	0	15.00
16.00	OPERATING ROOM	50.00	96,366	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	41,652	0	17.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/28/2021 10:06 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	15,440	0	18.00
19.00	RADIOISOTOPE	56.00	3,334	0	19.00
20.00	CT SCAN	57.00	12,095	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	9,051	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	27,507	0	22.00
23.00	LABORATORY	60.00	75,111	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	12,617	0	24.00
25.00	RESPIRATORY THERAPY	65.00	16,531	0	25.00
26.00	PULMONARY REHAB	65.01	1,236	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	10,918	0	27.00
28.00	RENAL DIALYSIS	74.00	881	0	28.00
29.00	CARDIAC REHABILITATION	76.97	2,821	0	29.00
30.00	CLINIC	90.00	10,692	0	30.00
31.00	FAMILY PRACTICE	90.01	13,885	0	31.00
32.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	3,764	0	32.00
33.00	CHEMO	90.03	1,772	0	33.00
34.00	PRIMARY CARE FOR SENIORS	90.04	9,494	0	34.00
35.00	PAIN MANAGEMENT	90.05	15,170	0	35.00
36.00	WOUND CARE	90.06	7,401	0	36.00
37.00	SLEEP CENTER	90.07	14,334	0	37.00
38.00	HEMATOLOGY	90.08	1,981	0	38.00
39.00	MULTI-SPECIALTY SERVICES	90.09	3,399	0	39.00
40.00	DIABETES CENTER	90.10	1,821	0	40.00
41.00	EMERGENCY	91.00	95,555	0	41.00
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	17,619	0	42.00
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	14,627	0	43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	23,863	0	44.00
45.00	FAMILY PHARMACY	192.03	8,988	0	45.00
46.00	MISC NONREIMBURSABLE	194.00	8,230	0	46.00
47.00	OCCUPATIONAL HEALTH	194.01	376	0	47.00
48.00	OTHER FACILITIES	194.02	4,918	0	48.00
49.00	PR	194.04	5,464	0	49.00
50.00	CHILD CARE CENTER	194.05	10,288	0	50.00
51.00		0.00	0	0	51.00
0			1,311,018	0	
U - A&G					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	499,609	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
0			0	499,609	
V - EXEMPT					
1.00	ADULTS & PEDIATRICS	30.00	421,452	0	1.00
2.00		0.00	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	43,193	3.00
4.00		0.00	0	0	4.00
TOTALS			421,452	43,193	
W - RADIOLOGY					
1.00	RADIOISOTOPE	56.00	30,049	0	1.00
2.00	CT SCAN	57.00	435,385	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	171,646	0	3.00
4.00		0.00	0	0	4.00
5.00	RADIOISOTOPE	56.00	0	471,149	5.00
6.00	CT SCAN	57.00	0	197,767	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	218,424	7.00
8.00		0.00	0	0	8.00
TOTALS			637,080	887,340	
500.00	Grand Total: Increases		15,955,379	165,419,885	500.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6
Date/Time Prepared:
4/28/2021 10:06 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	9	1.00	
2.00	OPERATION OF PLANT	0	7,877,166	0	2.00	
	0	0	7,877,166			
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	9	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	504,966	9	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,170	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	13,176,696	0	4.00	
5.00	OPERATION OF PLANT	7.00	252,818	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	127,579	0	6.00	
7.00	HOUSEKEEPING	9.00	35,901	0	7.00	
8.00	DIETARY	10.00	209,341	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	869,177	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	255,907	0	10.00	
11.00	PHARMACY	15.00	121,190	0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	265	0	12.00	
13.00	SOCIAL SERVICE	17.00	2,084	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	601,929	0	14.00	
15.00	INTENSIVE CARE UNIT	31.00	160,271	0	15.00	
16.00	CORONARY CARE UNIT	32.00	29,961	0	16.00	
17.00	SUBPROVIDER - IPF	40.00	299	0	17.00	
18.00	OPERATING ROOM	50.00	2,595,905	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	991,599	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	28,778	0	20.00	
21.00	RADIOISOTOPE	56.00	125,956	0	21.00	
22.00	CT SCAN	57.00	24,162	0	22.00	
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	357,278	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	742,873	0	24.00	
25.00	LABORATORY	60.00	846,197	0	25.00	
26.00	INTRAVENOUS THERAPY	64.00	25,755	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	274,657	0	27.00	
28.00	PULMONARY REHAB	65.01	10,081	0	28.00	
29.00	PHYSICAL THERAPY	66.00	69,842	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	282,804	0	30.00	
31.00	RENAL DIALYSIS	74.00	10,757	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	15,072	0	32.00	
33.00	CLINIC	90.00	2,726	0	33.00	
34.00	FAMILY PRACTICE	90.01	32,664	0	34.00	
35.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	3,039	0	35.00	
36.00	CHEMO	90.03	72,692	0	36.00	
37.00	PRIMARY CARE FOR SENIORS	90.04	9,698	0	37.00	
38.00	PAIN MANAGEMENT	90.05	56,859	0	38.00	
39.00	WOUND CARE	90.06	8,039	0	39.00	
40.00	SLEEP CENTER	90.07	60,198	0	40.00	
41.00	HEMATOLOGY	90.08	305	0	41.00	
42.00	MULTI-SPECIALTY SERVICES	90.09	3,162	0	42.00	
43.00	DIABETES CENTER	90.10	429	0	43.00	
44.00	EMERGENCY	91.00	251,106	0	44.00	
45.00	OBSERVATION BEDS (DISTINCT PART)	92.01	80,337	0	45.00	
46.00	DURABLE MEDICAL EQUIP-RENTED	96.00	290,275	0	46.00	
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	110,440	0	47.00	
48.00	FAMILY PHARMACY	192.03	36,873	0	48.00	
49.00	MISC NONREIMBURSABLE	194.00	27,878	0	49.00	
50.00	OTHER FACILITIES	194.02	37,557	0	50.00	
51.00	PR	194.04	4,873	0	51.00	
52.00	CHILD CARE CENTER	194.05	35,639	0	52.00	
	0	0	23,907,059			
C - INTEREST EXPENSE						
1.00	0.00	0	0	11	1.00	
2.00	0.00	0	0	0	2.00	
3.00	CAP REL COSTS-BLDG & FIXT	1.00	499,464	11	3.00	
	0	0	499,464			
D - CAFETERIA						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	DIETARY	10.00	2,578,481	0	3.00	
4.00	0.00	0	0	0	4.00	
5.00	0.00	0	0	0	5.00	
6.00	DIETARY	10.00	2,670,904	0	6.00	
	0	2,578,481	2,670,904			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
E - INCENTIVE COMPENSATION						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	0.00	0	0	0	0	6.00
7.00	0.00	0	0	0	0	7.00
8.00	0.00	0	0	0	0	8.00
9.00	0.00	0	0	0	0	9.00
10.00	0.00	0	0	0	0	10.00
11.00	0.00	0	0	0	0	11.00
12.00	0.00	0	0	0	0	12.00
13.00	0.00	0	0	0	0	13.00
14.00	0.00	0	0	0	0	14.00
15.00	0.00	0	0	0	0	15.00
16.00	0.00	0	0	0	0	16.00
17.00	0.00	0	0	0	0	17.00
18.00	0.00	0	0	0	0	18.00
19.00	0.00	0	0	0	0	19.00
20.00	0.00	0	0	0	0	20.00
21.00	0.00	0	0	0	0	21.00
22.00	0.00	0	0	0	0	22.00
23.00	0.00	0	0	0	0	23.00
24.00	0.00	0	0	0	0	24.00
25.00	0.00	0	0	0	0	25.00
26.00	0.00	0	0	0	0	26.00
27.00	0.00	0	0	0	0	27.00
28.00	0.00	0	0	0	0	28.00
29.00	0.00	0	0	0	0	29.00
30.00	0.00	0	0	0	0	30.00
31.00	0.00	0	0	0	0	31.00
32.00	0.00	0	0	0	0	32.00
33.00	0.00	0	0	0	0	33.00
34.00	0.00	0	0	0	0	34.00
35.00	0.00	0	0	0	0	35.00
36.00	0.00	0	0	0	0	36.00
37.00	0.00	0	0	0	0	37.00
38.00	0.00	0	0	0	0	38.00
39.00	0.00	0	0	0	0	39.00
40.00	0.00	0	0	0	0	40.00
41.00	0.00	0	0	0	0	41.00
42.00	0.00	0	0	0	0	42.00
43.00	0.00	0	0	0	0	43.00
44.00	0.00	0	0	0	0	44.00
45.00	0.00	0	0	0	0	45.00
46.00	0.00	0	0	0	0	46.00
47.00	0.00	0	0	0	0	47.00
48.00	0.00	0	0	0	0	48.00
49.00	ADMINISTRATIVE & GENERAL	5.00	5,948,830			49.00
0			5,948,830			
F - LEASES						
1.00	0.00	0	0	0	10	1.00
2.00	0.00	0	0	0	10	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	86,609	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	741,336	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	149,880	0	6.00
0			0	1,025,873		
G - DRUGS						
1.00	0.00	0	0	0	0	1.00
2.00	PHARMACY	15.00	0	83,470,322	0	2.00
0			0	83,470,322		
H - RESIDENTS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	FAMILY PRACTICE	90.01	3,335,307	0	0	4.00
5.00	FAMILY PRACTICE	90.01	0	458,226	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	30,849	0	6.00
0			3,335,307	489,075		

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6
Date/Time Prepared:
4/28/2021 10:06 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
I - PASTORAL EDUCATION						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	ADMI NI STRATI VE & GENERAL	256,959	0	0	3.00	
4.00	ADMI NI STRATI VE & GENERAL	0	24,422	0	4.00	
	0	256,959	24,422			
J - INSURANCE						
1.00	0.00	0	0	12	1.00	
2.00	0.00	0	0	12	2.00	
3.00	0.00	0	0	0	3.00	
4.00	0.00	0	0	0	4.00	
5.00	0.00	0	0	0	5.00	
6.00	ADMI NI STRATI VE & GENERAL	0	874,664	0	6.00	
	0		874,664			
K - NURSING EDUCATION						
1.00	0.00	0	0	0	1.00	
2.00	ADMI NI STRATI VE & GENERAL	9,750	0	0	2.00	
3.00	NURSI NG ADMI NI STRATI ON	53,408	0	0	3.00	
4.00	SOCI AL SERVI CE	437	0	0	4.00	
5.00	ADULTS & PEDI ATRI CS	408,734	0	0	5.00	
6.00	INTENSIVE CARE UNIT	221,507	0	0	6.00	
7.00	CORONARY CARE UNIT	37,136	0	0	7.00	
8.00	OPERATI NG ROOM	10,498	0	0	8.00	
9.00	CARDI AC CATHETERI ZATI ON	5,023	0	0	9.00	
10.00	INTRAVENOUS THERAPY	5,192	0	0	10.00	
11.00	ELECTROCARDI OLOGY	168	0	0	11.00	
12.00	CHEMO	811	0	0	12.00	
13.00	PAI N MANAGEMENT	128	0	0	13.00	
14.00	WOUND CARE	1,757	0	0	14.00	
15.00	EMERGENCY	48,275	0	0	15.00	
16.00	OBSERVATI ON BEDS (DI STI NCT PART)	38,240	0	0	16.00	
	0	841,064	0			
L - MEDICAL SUPPLI ES CHARGED						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	NURSI NG ADMI NI STRATI ON	0	37	0	3.00	
4.00	CENTRAL SERVI CES & SUPPLY	0	105,394	0	4.00	
5.00	PHARMACY	0	123,164	0	5.00	
6.00	ADULTS & PEDI ATRI CS	0	94,795	0	6.00	
7.00	INTENSIVE CARE UNIT	0	29,224	0	7.00	
8.00	CORONARY CARE UNIT	0	4,807	0	8.00	
9.00	OPERATI NG ROOM	0	15,877,587	0	9.00	
10.00	RADI OLOGY-DI AGNOSTI C	0	371,947	0	10.00	
11.00	RADI OLOGY-THERAPEUTI C	0	1,206,377	0	11.00	
12.00	RADI OI SOTOPE	0	15	0	12.00	
13.00	CT SCAN	0	187,813	0	13.00	
14.00	MAGNETI C RESONANCE I MAGING (MRI)	0	65,971	0	14.00	
15.00	CARDI AC CATHETERI ZATI ON	0	17,650,170	0	15.00	
16.00	INTRAVENOUS THERAPY	0	250,944	0	16.00	
17.00	RESPI RATORY THERAPY	0	111,642	0	17.00	
18.00	ELECTROCARDI OLOGY	0	10,520	0	18.00	
19.00	PAI N MANAGEMENT	0	177,917	0	19.00	
20.00	WOUND CARE	0	646,885	0	20.00	
21.00	EMERGENCY	0	184,249	0	21.00	
22.00	OBSERVATI ON BEDS (DI STI NCT PART)	0	5,842	0	22.00	
	0		37,105,300			
M - BENEFI TS						
1.00	0.00	0	0	0	1.00	
2.00	ADMI NI STRATI VE & GENERAL	0	1,734,368	0	2.00	
3.00	FAMI LY PHARMACY	192.03	1,752,410	0	3.00	
4.00	0.00	0	0	0	4.00	
5.00	ADMI NI STRATI VE & GENERAL	5.00	21,350	0	5.00	
	0		3,508,128			
N - PROPERTY TAXES						
1.00	0.00	0	0	13	1.00	
2.00	0.00	0	0	13	2.00	
3.00	0.00	0	0	0	3.00	
4.00	0.00	0	0	0	4.00	
5.00	0.00	0	0	0	5.00	
6.00	0.00	0	0	0	6.00	
7.00	0.00	0	0	0	7.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6
Date/Time Prepared:
4/28/2021 10:06 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	0.00	0	0	0	0		8.00
9.00	0.00	0	0	0	0		9.00
10.00	5.00	0	697,733	0	0		10.00
		0	697,733				
O - DISABILITY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,378	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	95,463	0	0		2.00
3.00	OPERATION OF PLANT	7.00	14,294	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	11,853	0	0		4.00
5.00	HOUSEKEEPING	9.00	44,265	0	0		5.00
6.00	DIETARY	10.00	22,173	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	34,098	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	15,143	0	0		8.00
9.00	PHARMACY	15.00	124,870	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	3,563	0	0		10.00
11.00	SOCIAL SERVICE	17.00	51,531	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	395,686	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	119,382	0	0		13.00
14.00	CORONARY CARE UNIT	32.00	34,536	0	0		14.00
15.00	SUBPROVIDER - IPF	40.00	3,602	0	0		15.00
16.00	OPERATING ROOM	50.00	126,716	0	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	58,396	0	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	19,687	0	0		18.00
19.00	RADIOISOTOPE	56.00	7,848	0	0		19.00
20.00	CT SCAN	57.00	27,906	0	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	18,397	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	25,137	0	0		22.00
23.00	LABORATORY	60.00	92,947	0	0		23.00
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	1,979	0	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	9,235	0	0		25.00
26.00	RESPIRATORY THERAPY	65.00	42,403	0	0		26.00
27.00	PULMONARY REHAB	65.01	1,708	0	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	30,481	0	0		28.00
29.00	CARDIAC REHABILITATION	76.97	2,051	0	0		29.00
30.00	CLINIC	90.00	8,391	0	0		30.00
31.00	FAMILY PRACTICE	90.01	1,974	0	0		31.00
32.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	938	0	0		32.00
33.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1,237	0	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,591	0	0		34.00
35.00	FAMILY PHARMACY	192.03	12,962	0	0		35.00
36.00	WOUND CARE	90.06	7,941	0	0		36.00
37.00	SLEEP CENTER	90.07	7,633	0	0		37.00
38.00	HEMATOLOGY	90.08	6,689	0	0		38.00
39.00	MULTI-SPECIALTY SERVICES	90.09	14,149	0	0		39.00
40.00	DIABETES CENTER	90.10	493	0	0		40.00
41.00	EMERGENCY	91.00	86,927	0	0		41.00
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	22,550	0	0		42.00
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	12,278	0	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	20,651	0	0		44.00
45.00	FAMILY PHARMACY	192.03	9,682	0	0		45.00
46.00	MISC NONREIMBURSABLE	194.00	4,319	0	0		46.00
47.00	PR	194.04	3,486	0	0		47.00
48.00	CHILD CARE CENTER	194.05	21,071	0	0		48.00
			1,686,690	0			
P - SALARY IN NON-SALARY ACCOUNTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	510	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	34,136	0		2.00
3.00	OPERATION OF PLANT	7.00	0	800	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,230	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,125	0		5.00
6.00	DIETARY	10.00	0	2,245	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	810	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	170	0		8.00
9.00	PHARMACY	15.00	0	11,902	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,052	0		10.00
11.00	SOCIAL SERVICE	17.00	0	19,156	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	118,804	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	6,112	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	5,455	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	55	0		15.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6
Date/Time Prepared:
4/28/2021 10:06 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
16.00	OPERATING ROOM	50.00	0	34,436	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,885	0		17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,666	0		18.00	
19.00	RADIOISOTOPE	56.00	0	480	0		19.00	
20.00	CT SCAN	57.00	0	590	0		20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	330	0		21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	50	0		22.00	
23.00	LABORATORY	60.00	0	9,139	0		23.00	
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	750	0		24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	730	0		25.00	
26.00	RESPIRATORY THERAPY	65.00	0	730	0		26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	25	0		27.00	
28.00	RENAL DIALYSIS	74.00	0	200	0		28.00	
29.00	CLINIC	90.00	0	990	0		29.00	
30.00	FAMILY PRACTICE	90.01	0	6,578	0		30.00	
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	140	0		31.00	
32.00	CHEMO	90.03	0	400	0		32.00	
33.00	PRIMARY CARE FOR SENIORS	90.04	0	3,510	0		33.00	
34.00	PAIN MANAGEMENT	90.05	0	370	0		34.00	
35.00	WOUND CARE	90.06	0	3,560	0		35.00	
36.00	SLEEP CENTER	90.07	0	1,557	0		36.00	
37.00	HEMATOLOGY	90.08	0	2,160	0		37.00	
38.00	MULTI-SPECIALTY SERVICES	90.09	0	2,250	0		38.00	
39.00	EMERGENCY	91.00	0	22,920	0		39.00	
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	470	0		40.00	
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	190	0		41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,080	0		42.00	
43.00	FAMILY PHARMACY	192.03	0	85	0		43.00	
44.00	MISC NONREIMBURSABLE	194.00	0	610	0		44.00	
45.00	OTHER FACILITIES	194.02	0	10,474	0		45.00	
46.00	PR	194.04	0	80	0		46.00	
47.00	CHILD CARE CENTER	194.05	0	392	0		47.00	
0			0	339,389				
Q - PART A PHYSICIAN								
1.00		0.00	0	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	215,898	0	0		3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	50,295	0		4.00	
0			215,898	50,295				
R - HSB DEPRECIATION								
1.00		0.00	0	0	9		1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	152,414	9		2.00	
0			0	152,414				
S - ACTIVITY THERAPY								
1.00		0.00	0	0	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	17,702	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,433	0		4.00	
0			17,702	2,433				
T - PTO ACCRUAL								
1.00		0.00	0	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
49.00	0.00	0	0	0	0	49.00	
50.00	0.00	0	0	0	0	50.00	
51.00	ADMINISTRATIVE & GENERAL	5.00	1,311,018	0	0	51.00	
			1,311,018	0	0		
U - A&G							
1.00		0.00	0	0	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	735	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	155,943	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	3,014	0	4.00	
5.00	SOCIAL SERVICE	17.00	0	44,294	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,000	0	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	165,114	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	3,371	0	8.00	
9.00	LABORATORY	60.00	0	2,254	0	9.00	
10.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1,209	0	10.00	
11.00	FAMILY PHARMACY	192.03	0	16,000	0	11.00	
12.00	MISC NONREIMBURSABLE	194.00	0	29,675	0	12.00	
			0	499,609	0		
V - EXEMPT							
1.00		0.00	0	0	0	1.00	
2.00	SUBPROVIDER - IPF	40.00	421,452	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	SUBPROVIDER - IPF	40.00	0	43,193	0	4.00	
	TOTALS		421,452	43,193			
W - RADIOLOGY							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	637,080	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	887,340	0	8.00	
	TOTALS		637,080	887,340			
500.00	Grand Total: Decreases		17,250,481	164,124,783		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-7
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	26,326,264	13,586	0	13,586	2,252,953	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	710,935,772	35,575,632	0	35,575,632	28,933,803	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	303,041,949	35,467,060	0	35,467,060	67,512,872	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,040,303,985	71,056,278	0	71,056,278	98,699,628	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,040,303,985	71,056,278	0	71,056,278	98,699,628	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,086,897	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	717,577,601	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	270,996,137	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,012,660,635	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,012,660,635	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-7
Part II
Date/Time Prepared:
4/28/2021 10:06 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	21,584,287	0	11,394,872	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,860,555	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,584,287	7,860,555	11,394,872	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	32,979,159				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,860,555				2.00
3.00	Total (sum of lines 1-2)	0	40,839,714				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-7
Part III
Date/Time Prepared:
4/28/2021 10:06 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	741,664,498	0	741,664,498	0.732392	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	270,996,137	0	270,996,137	0.267608	0	2.00
3.00	Total (sum of lines 1-2)	1,012,660,635	0	1,012,660,635	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	28,798,679	530,824	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	152,414	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,907,059	8,355,374	2.00
3.00	Total (sum of lines 1-2)	0	0	0	52,858,152	8,886,198	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. 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	9,454,295	849,241	396,285	0	40,029,324	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	5,628	0	0	158,042	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	376,034	0	220,527	0	32,858,994	2.00
3.00	Total (sum of lines 1-2)	9,830,329	854,869	616,812	0	73,046,360	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,441,113	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.01		1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-26,587	ADMINISTRATIVE & GENERAL		5.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)	B	-26,200	CAP REL COSTS-BLDG & FIXT		1.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-60,539,738					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-114,659,726					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-594,534	CAFETERIA		11.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.01
20.00 Vending machines		0			0.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-3,780	ADMINISTRATIVE & GENERAL		5.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.01		26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant			0		0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/28/2021 10:06 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.00
33.01	MISC OPERATING INCOME	B	-45,000	PRIMARY CARE FOR SENIORS	90.04	0 33.01
33.02	MWSE NORTH - NON OP REVENUE	B	-180	PRIMARY CARE FOR SENIORS	90.04	0 33.02
33.03	MWSE EAST NON OP REVENUE	B	-165	PRIMARY CARE FOR SENIORS	90.04	0 33.03
33.04	GW CONFERENCE CENTER REVENUE	B	-2,216	CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05	WEIGHT LOSS PROGRAM	B	-14,390	CLINIC	90.00	0 33.05
33.06	AMENITY SUITE CHARGES	B	-93	CAP REL COSTS-BLDG & FIXT	1.00	9 33.06
33.07	CHILD CARE TUITION	B	20	FAMILY PRACTICE	90.01	0 33.07
33.08	PROPERTY TAX - RENTAL PROPERTY	A	-556,424	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	FAMILY PRACTICE GRANT	A	179,272	FAMILY PRACTICE	90.01	0 33.09
33.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.10
33.11	FITNESS CENTER MEMBERSHIP FEE	B	-6,176	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12	AMORTIZATION PHASE II	A	20,350	CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13	AMORTIZATION PHASE I	A	6,463	CAP REL COSTS-BLDG & FIXT	1.00	9 33.13
33.14	1982 AMORTIZATION A & G COSTS	A	2,225	CAP REL COSTS-BLDG & FIXT	1.00	9 33.14
33.15	FEDERAL INCOME TAX	A	-208,483	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	STATE INCOME TAX	A	-19,912	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.17
33.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.18
33.19	HAF	A	-35,385,201	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	ADULTS & PEDIATRICS	A	-908,069	ADULTS & PEDIATRICS	30.00	0 33.20
33.21	OPERATING ROOM	A	-600,147	OPERATING ROOM	50.00	0 33.21
33.22	RESPIRATORY THERAPY	A	-1,184	RESPIRATORY THERAPY	65.00	0 33.22
33.23	ELECTROCARDIOLOGY	A	-30,906	ELECTROCARDIOLOGY	69.00	0 33.23
33.24	CLINIC	A	-6,467	CLINIC	90.00	0 33.24
33.25	FAMILY PRACTICE CLINIC	A	-51,418	FAMILY PRACTICE	90.01	0 33.25
33.26	PRIMARY CARE FOR SENIORS	A	-40,494	PRIMARY CARE FOR SENIORS	90.04	0 33.26
33.27	PAIN MANAGEMENT	A	-23,014	PAIN MANAGEMENT	90.05	0 33.27
33.28	WOUND CARE	A	-9,644	WOUND CARE	90.06	0 33.28
33.29	SLEEP CENTER	A	-72,566	SLEEP CENTER	90.07	0 33.29
33.30	MULTI-SPECIALTY CLINIC	A	-17,029	MULTI-SPECIALTY SERVICES	90.09	0 33.30
33.31	EMERGENCY	A	-618,371	EMERGENCY	91.00	0 33.31
33.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.32
33.33	HOSPICE	B	-6,119	ADULTS & PEDIATRICS	30.00	0 33.33
43.01	ADVERTISEMENT	A	-230	CAP REL COSTS-MVBLE EQUIP	2.00	10 43.01
43.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.02
43.03	ADVERTISEMENTS	A	-20	ADMINISTRATIVE & GENERAL	5.00	0 43.03
43.04	ADVERTISEMENTS	A	-1,275	HOUSEKEEPING	9.00	0 43.04
43.05	ADVERTISEMENTS	A	-29	RADIOLOGY-DIAGNOSTIC	54.00	0 43.05
43.06	ADVERTISEMENTS	A	-1,230	RADIOLOGY-THERAPEUTIC	55.00	0 43.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-215,709,800			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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
4/28/2021 10:06 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	2,523	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	129,714	115,008	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	39,562	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	204,201	143,419	4.00
4.01	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	7,881	0	4.01
4.02	60.00	LABORATORY	FACILITY RENT	62,217	62,284	4.02
4.03	66.00	PHYSICAL THERAPY	FACILITY RENT	130,365	106,178	4.03
4.04	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	44,145	71,310	4.04
4.05	90.05	PAIN MANAGEMENT	FACILITY RENT	99,595	136,125	4.05
4.06	50.00	OPERATING ROOM	CONTRACT SERVICES	13,983,263	29,546,471	4.06
4.07	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	9,220,582	16,215,634	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	660,885	660,885	4.08
4.09	15.00	PHARMACY	FACILITY RENT	2,991	2,991	4.09
4.10	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	4,674	4,674	4.10
4.11	50.00	OPERATING ROOM	FACILITY RENT	239,109	239,109	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	241,207	241,207	4.12
4.13	60.00	LABORATORY	FACILITY RENT	64,610	64,610	4.13
4.14	66.00	PHYSICAL THERAPY	FACILITY RENT	130,025	130,025	4.14
4.15	90.00	CLINIC	FACILITY RENT	2,301	2,301	4.15
4.16	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	7,171,228	16,205,992	4.16
4.17	50.00	OPERATING ROOM	CONTRACT SERVICES	4,559,396	6,218,092	4.17
4.18	50.00	OPERATING ROOM	CONTRACT SERVICES	3,180,397	3,979,101	4.18
4.19	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	2,959,356	3,702,549	4.19
4.20	50.00	OPERATING ROOM	CONTRACT SERVICES	10,651,951	13,205,260	4.20
4.21	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	12,196,314	12,252,827	4.21
4.22	4.00	EMPLOYEE BENEFITS DEPARTMENT	CONTRACT SERVICES	87,259	0	4.22
4.23	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	35,547,211	59,550,851	4.23
4.24	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	63,557,442	100,705,711	4.24
4.25	7.00	OPERATION OF PLANT	HOME OFFICE	19,685,339	27,046,579	4.25
4.26	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	2,372,438	2,538,842	4.26
4.27	9.00	HOUSEKEEPING	HOME OFFICE	5,467,169	7,285,290	4.27
4.28	10.00	DIETARY	HOME OFFICE	2,095,817	2,637,447	4.28
4.29	13.00	NURSING ADMINISTRATION	HOME OFFICE	2,482,358	2,694,624	4.29
4.30	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	3,460,190	4,094,459	4.30
4.31	15.00	PHARMACY	HOME OFFICE	8,593,012	12,658,671	4.31
4.32	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,933,550	2,480,915	4.32
4.33	17.00	SOCIAL SERVICE	HOME OFFICE	5,234,045	6,164,607	4.33
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			216,504,322	331,164,048	5.00

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

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVANSVILLE SURG	50.00	10.05
10.06	C		0.00	PROGRESSIVE HEA	51.00	10.06

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

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
4/28/2021 10:06 pm

	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	
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TROC	51.00	10.15
10.16	C		0.00	MAINSPRING MANA	51.00	10.16
10.17	C		0.00	VASC MED, LLC	51.00	10.17
10.18	C		0.00	VASC MED, LLC	51.00	10.18
10.19	C		0.00	ORTHOALIGN	51.00	10.19
10.20	B		100.00	DEACONESS HEALT	0.00	10.20
10.21	B		100.00	DEACONESS HEALT	0.00	10.21
10.22	B		100.00	DEACONESS HEALT	0.00	10.22
10.23	B		100.00	DEACONESS HEALT	0.00	10.23
10.24	B		100.00	DEACONESS HEALT	0.00	10.24
10.25	B		100.00	DEACONESS HEALT	0.00	10.25
10.26	B		100.00	DEACONESS HEALT	0.00	10.26
10.27	B		100.00	DEACONESS HEALT	0.00	10.27
10.28	B		100.00	DEACONESS HEALT	0.00	10.28
10.29	B		100.00	DEACONESS HEALT	0.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	C		0.00	HRS	95.00	10.32
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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
4/28/2021 10:06 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,523	0		1.00
2.00	14,706	0		2.00
3.00	39,562	0		3.00
4.00	60,782	0		4.00
4.01	7,881	0		4.01
4.02	-67	0		4.02
4.03	24,187	0		4.03
4.04	-27,165	0		4.04
4.05	-36,530	0		4.05
4.06	-15,563,208	0		4.06
4.07	-6,995,052	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	-9,034,764	0		4.16
4.17	-1,658,696	0		4.17
4.18	-798,704	0		4.18
4.19	-743,193	0		4.19
4.20	-2,553,309	0		4.20
4.21	-56,513	0		4.21
4.22	87,259	0		4.22
4.23	-24,003,640	0		4.23
4.24	-37,148,269	0		4.24
4.25	-7,361,240	0		4.25
4.26	-166,404	0		4.26
4.27	-1,818,121	0		4.27
4.28	-541,630	0		4.28
4.29	-212,266	0		4.29
4.30	-634,269	0		4.30
4.31	-4,065,659	0		4.31
4.32	-547,365	0		4.32
4.33	-930,562	0		4.33
5.00	-114,659,726	0		5.00

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

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

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

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

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

6.00	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM		10.00
10.01	HEALTH SYSTEM		10.01
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	SURGERY		10.05
10.06	THERAPY SERVICE		10.06
10.07	CLINIC		10.07
10.08	CLINIC		10.08
10.09	CLINIC		10.09

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

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
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	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.10	CLINIC		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	SURGERY		10.16
10.17	SURGERY		10.17
10.18	SURGERY		10.18
10.19	SURGERY		10.19
10.20	HEALTH SYSTEM		10.20
10.21	HEALTH SYSTEM		10.21
10.22	HEALTH SYSTEM		10.22
10.23	HEALTH SYSTEM		10.23
10.24	HEALTH SYSTEM		10.24
10.25	HEALTH SYSTEM		10.25
10.26	HEALTH SYSTEM		10.26
10.27	HEALTH SYSTEM		10.27
10.28	HEALTH SYSTEM		10.28
10.29	HEALTH SYSTEM		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	REV CYCLE BILLI		10.32
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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
4/28/2021 10:06 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	163,140	33,000	130,140	179,000	1,443	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	27,330,716	25,285,980	2,044,736	211,500	17,534	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	16,326,446	15,174,179	1,152,267	246,400	4,324	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	733,954	56,954	677,000	271,900	2,708	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	5,200	0	5,200	246,400	26	5.00
6.00	60.00	AGGREGATE-LABORATORY	706,263	78,246	628,017	260,300	3,727	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	42,257	35,192	7,065	211,500	59	7.00
8.00	65.01	AGGREGATE-PULMONARY REHAB	386	0	386	211,500	3	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	625,696	625,696	0	211,500	0	9.00
10.00	74.00	AGGREGATE-RENAL DIALYSIS	10,872	0	10,872	211,500	72	10.00
11.00	90.00	AGGREGATE-CLINIC	193,317	129,003	64,314	211,500	332	11.00
12.00	90.01	AGGREGATE-FAMILY PRACTICE	170,848	168,778	2,070	179,000	40	12.00
13.00	90.03	AGGREGATE-CHEMO	28,068	26,017	2,051	211,500	44	13.00
14.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	1,243,251	1,164,004	79,247	211,500	1,023	14.00
15.00	90.05	AGGREGATE-PAIN MANAGEMENT	491,464	462,984	28,480	211,500	322	15.00
16.00	90.06	AGGREGATE-WOUND CARE	199,543	197,795	1,748	211,500	41	16.00
17.00	90.07	AGGREGATE-SLEEP CENTER	1,348,702	1,315,518	33,184	211,500	581	17.00
18.00	90.08	AGGREGATE-HEMATOLOGY	8,577	8,577	0	211,500	0	18.00
19.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	354,376	348,437	5,939	211,500	68	19.00
20.00	91.00	AGGREGATE-EMERGENCY	21,056,648	13,839,275	7,217,373	211,500	69,403	20.00
200.00			71,039,724	58,949,635	12,090,089		101,750	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
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	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	124,181	6,209	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,782,904	89,145	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	512,228	25,611	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	353,993	17,700	0	0	0	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	3,080	154	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	466,413	23,321	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	5,999	300	0	0	0	7.00
8.00	65.01	AGGREGATE-PULMONARY REHAB	305	15	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	74.00	AGGREGATE-RENAL DIALYSIS	7,321	366	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	33,759	1,688	0	0	0	11.00
12.00	90.01	AGGREGATE-FAMILY PRACTICE	3,442	172	0	0	0	12.00
13.00	90.03	AGGREGATE-CHEMO	4,474	224	0	0	0	13.00
14.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	104,021	5,201	0	0	0	14.00
15.00	90.05	AGGREGATE-PAIN MANAGEMENT	32,742	1,637	0	0	0	15.00
16.00	90.06	AGGREGATE-WOUND CARE	4,169	208	0	0	0	16.00
17.00	90.07	AGGREGATE-SLEEP CENTER	59,078	2,954	0	0	0	17.00
18.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	0	0	18.00
19.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	6,914	346	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	7,057,084	352,854	0	0	0	20.00
200.00			10,562,107	528,105	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
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	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	124,181	5,959	38,959		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	1,782,904	261,832	25,547,812		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	512,228	640,039	15,814,218		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	353,993	323,007	379,961		4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	3,080	2,120	2,120		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	466,413	161,604	239,850		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	5,999	1,066	36,258		7.00
8.00	65.01	AGGREGATE-PULMONARY REHAB	0	305	81	81		8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	625,696		9.00
10.00	74.00	AGGREGATE-RENAL DIALYSIS	0	7,321	3,551	3,551		10.00
11.00	90.00	AGGREGATE-CLINIC	0	33,759	30,555	159,558		11.00
12.00	90.01	AGGREGATE-FAMILY PRACTICE	0	3,442	0	168,778		12.00
13.00	90.03	AGGREGATE-CHEMO	0	4,474	0	26,017		13.00
14.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	0	104,021	0	1,164,004		14.00
15.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	32,742	0	462,984		15.00
16.00	90.06	AGGREGATE-WOUND CARE	0	4,169	0	197,795		16.00
17.00	90.07	AGGREGATE-SLEEP CENTER	0	59,078	0	1,315,518		17.00
18.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	8,577		18.00
19.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	0	6,914	0	348,437		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	7,057,084	160,289	13,999,564		20.00
200.00			0	10,562,107	1,590,103	60,539,738		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	40,029,324	40,029,324			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	158,042	0	158,042		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	32,858,994			32,858,994	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	33,301,751	108,110	11,313	33,649	33,454,823 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	77,307,348	864,359	57,485	13,872,827	4,263,897 5.00
7.00 00700	OPERATION OF PLANT	7,431,963	28,520	0	264,443	426,358 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,593,916	0	0	133,445	91,942 8.00
9.00 00900	HOUSEKEEPING	5,920,434	10,214	0	37,552	598,719 9.00
10.00 01000	DIETARY	3,670,257	147,968	0	95,010	228,217 10.00
11.00 01100	CAFETERIA	2,586,761	650,936	0	73,792	173,288 11.00
13.00 01300	NURSING ADMINISTRATION	5,588,783	0	0	909,143	501,554 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,546,259	11,488	0	610,827	249,562 14.00
15.00 01500	PHARMACY	7,492,896	0	0	747,589	1,059,737 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,198,630	12,786	0	277	260,815 16.00
17.00 01700	SOCIAL SERVICE	5,524,825	0	0	2,180	626,266 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,749,210	108,385	0	0	193,977 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,075,172	34,963	0	0	179,310 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	321,514	9,815	0	16,967	29,268 23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	281,381	40,008	2,722	9,007	28,495 23.01
23.03 02303	PARAMED ED PRGM-NURSING	841,064	45,677	0	6,343	93,269 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,405,741	8,673,113	0	1,274,399	7,378,109 30.00
31.00 03100	INTENSIVE CARE UNIT	15,417,160	1,435,679	0	166,274	1,329,972 31.00
32.00 03200	CORONARY CARE UNIT	3,687,660	215,172	0	31,023	314,341 32.00
40.00 04000	SUBPROVIDER - IPF	671,033	75,220	0	313	67,298 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	73,453,537	3,869,202	0	5,612,056	3,434,445 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,083,704	900,846	0	1,058,472	668,894 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	12,339,200	419,006	0	30,101	320,207 55.00
56.00 05600	RADIOISOTOPE	2,022,638	141,475	0	93,666	79,233 56.00
57.00 05700	CT SCAN	4,462,360	130,712	0	1,635,418	321,155 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,981,320	269,814	0	1,462,027	197,386 58.00
59.00 05900	CARDIAC CATHETERIZATION	13,102,666	868,105	0	1,145,334	608,921 59.00
60.00 06000	LABORATORY	35,761,723	952,166	0	1,386,966	1,619,192 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	4,194,560	40,083	0	0	91,028 63.00
64.00 06400	INTRAVENOUS THERAPY	2,334,142	31,841	0	26,939	184,625 64.00
65.00 06500	RESPIRATORY THERAPY	5,808,969	190,523	0	333,088	458,517 65.00
65.01 06501	PULMONARY REHAB	222,488	29,968	0	10,545	20,747 65.01
66.00 06600	PHYSICAL THERAPY	10,145,283	193,245	0	73,053	44 66.00
69.00 06900	ELECTROCARDIOLOGY	4,145,677	522,497	0	295,808	277,305 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,206,093	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	28,899,207	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	83,470,322	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,863,030	14,684	0	11,252	15,204 74.00
76.97 07697	CARDIAC REHABILITATION	644,051	125,667	0	15,765	46,745 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,542,985	231,954	0	2,851	238,065 90.00
90.01 09001	FAMILY PRACTICE	1,249,146	92,877	0	34,166	81,777 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	1,084,054	0	0	3,179	81,235 90.02
90.03 09003	CHEMO	1,867,636	304,827	0	76,034	144,915 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	963,700	0	0	10,144	189,489 90.04
90.05 09005	PAIN MANAGEMENT	3,139,240	223,838	0	59,473	271,379 90.05
90.06 09006	WOUND CARE	1,978,432	89,755	0	8,409	146,087 90.06
90.07 09007	SLEEP CENTER	2,273,612	85,335	0	62,966	324,591 90.07
90.08 09008	HEMATOLOGY	706,272	84,136	0	319	63,074 90.08
90.09 09009	MULTI-SPECIALTY SERVICES	412,465	179,235	0	3,307	63,957 90.09
90.10 09010	DIABETES CENTER	289,255	0	0	449	22,111 90.10
91.00 09100	EMERGENCY	20,881,967	1,157,224	0	262,652	2,599,972 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	5,043,849	726,555	0	84,031	472,624 92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	9,743,383	123,544	0	303,622	285,341 96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	670,977,084	24,471,527	71,520	32,387,152	31,422,659 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,068,090	257,178	0	50,165	112,650 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	11,499,925	1,691,134	0	272,290	1,061,480 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
192.02 19202 HENDERSON ER PHYSICIANS	-9,209	0	0	0	94,931	192.02
192.03 19203 FAMILY PHARMACY	29,468,016	90,979	0	38,568	162,044	192.03
194.00 07950 MISC NONREIMBURSABLE	2,843,608	669,890	56,656	29,160	152,203	194.00
194.01 07951 OCCUPATIONAL HEALTH	59,806	0	0	0	5,235	194.01
194.02 07952 OTHER FACILITIES	3,761,169	1,811,431	0	39,284	100,588	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	1,841,638	115,328	0	5,097	103,552	194.04
194.05 07955 CHILD CARE CENTER	2,837,993	0	0	37,278	239,481	194.05
194.06 07956 CENTER OF LIFE BALANCE	43	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8,741	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	328,277	0	0	0	194.08
194.09 07959 HOME OFFICE	0	10,584,839	29,866	0	0	194.09
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)	725,348,163	40,029,324	158,042	32,858,994	33,454,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	96,365,916				5.00
7.00	00700	OPERATION OF PLANT	3,118,568	11,269,852			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	390,111	226,523	2,435,937		8.00
9.00	00900	HOUSEKEEPING	1,335,336	134,397	0	8,036,652	9.00
10.00	01000	DIETARY	744,712	153,579	36,893	113,142	5,189,778
11.00	01100	CAFETERIA	409,792	229,874	0	169,349	0
13.00	01300	NURSING ADMINISTRATION	1,113,225	63,331	0	46,656	0
14.00	01400	CENTRAL SERVICES & SUPPLY	841,168	201,247	17,852	148,259	0
15.00	01500	PHARMACY	2,097,577	120,586	0	88,836	0
16.00	01600	MEDICAL RECORDS & LIBRARY	353,099	75,211	0	55,408	0
17.00	01700	SOCIAL SERVICE	1,114,730	46,760	0	34,448	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	320,997	38,276	0	28,198	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	353,649	12,347	0	9,096	0
23.00	02300	PARAMED PRGM-PHARMACY	58,285	3,466	0	2,553	0
23.01	02301	PARAMED PRGM-CHAPLAIN	55,879	21,625	0	15,931	0
23.03	02303	PARAMED PRGM-NURSING	154,329	16,130	0	11,883	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,258,373	3,062,856	1,318,344	2,256,418	3,810,072
31.00	03100	INTENSIVE CARE UNIT	2,803,913	507,002	105,799	373,510	569,795
32.00	03200	CORONARY CARE UNIT	648,955	75,987	51,745	55,980	142,351
40.00	04000	SUBPROVIDER - I/PF	125,632	26,564	3,085	19,570	51,931
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,913,684	1,366,386	271,352	1,006,622	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,914,995	318,128	79,230	234,366	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,935,199	147,970	0	109,010	0
56.00	05600	RADIOISOTOPE	347,104	49,961	2,992	36,807	0
57.00	05700	CT SCAN	984,106	46,160	29,919	34,006	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	732,859	95,283	21,317	70,196	0
59.00	05900	CARDIAC CATHETERIZATION	2,348,877	306,566	61,449	225,849	0
60.00	06000	LABORATORY	5,938,759	336,252	1,911	247,718	0
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	637,451	14,155	1,716	10,428	0
64.00	06400	INTRAVENOUS THERAPY	394,695	11,245	0	8,284	0
65.00	06500	RESPIRATORY THERAPY	1,033,859	77,865	119	57,364	0
65.01	06501	PULMONARY REHAB	39,061	10,583	0	7,797	0
66.00	06600	PHYSICAL THERAPY	1,508,077	68,243	22,296	50,275	0
69.00	06900	ELECTROCARDIOLOGY	788,835	184,517	26,496	135,934	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,188,612	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,185,906	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,090,259	0	0	0	0
74.00	07400	RENAL DIALYSIS	277,678	5,186	0	3,820	0
76.97	07697	CARDIAC REHABILITATION	125,991	44,379	595	32,694	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	464,870	81,913	456	60,346	0
90.01	09001	FAMILY PRACTICE	220,942	32,799	1,013	24,163	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	179,093	0	0	0	0
90.03	09003	CHEMO	364,481	107,648	12,109	79,305	0
90.04	09004	PRI MARY CARE FOR SENIORS	191,788	0	220	0	0
90.05	09005	PAIN MANAGEMENT	568,395	79,047	17,347	58,234	0
90.06	09006	WOUND CARE	338,746	31,696	5,053	23,351	0
90.07	09007	SLEEP CENTER	436,599	30,135	0	22,201	0
90.08	09008	HEMATOLOGY	130,451	29,712	0	21,889	0
90.09	09009	MULTI -SPECIALTY SERVICES	101,258	63,296	0	46,630	0
90.10	09010	DIABETES CENTER	46,977	0	0	0	0
91.00	09100	EMERGENCY	3,913,805	408,667	289,254	301,066	45,178
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	971,254	350,469	7,658	258,192	391,228
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,547,590	43,629	0	32,142	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,160,586	9,357,651	2,386,220	6,627,926	5,010,555
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	374,229	90,821	818	66,908	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,230,776	597,214	3	439,970	0
192.01	19201	DEACONESS URGENT CARE	0	0	28	0	0
192.02	19202	HENDERSON ER PHYSICIANS	24,082	0	0	0	0
192.03	19203	FAMILY PHARMACY	4,327,163	32,129	0	23,669	0
194.00	07950	MISC NONREIMBURSABLE	561,466	392,598	37,750	289,229	179,223
194.01	07951	OCCUPATIONAL HEALTH	10,064	0	0	0	0
194.02	07952	OTHER FACILITIES	839,783	639,696	0	471,267	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04 07954 PR	311,414	40,727	0	30,004	0	0 194.04
194.05 07955 CHILD CARE CENTER	477,532	0	11,118	0	0	0 194.05
194.06 07956 CENTER OF LIFE BALANCE	6	0	0	0	0	0 194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	1,266	3,087	0	2,274	0	0 194.07
194.08 07958 HEALTHSOUTH	47,549	115,929	0	85,405	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	96,365,916	11,269,852	2,435,937	8,036,652	5,189,778	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
194.02 07952 OTHER FACILITIES	5,015	0	0	0	0	0 194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04 07954 PR	17,616	0	0	0	0	0 194.04
194.05 07955 CHILD CARE CENTER	80,110	0	0	0	0	0 194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0 194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0 194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	4,293,792	8,322,476	5,695,585	11,825,989	2,033,038	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED PRGM-PHARMACY	PARAMED PRGM-CHAPLAIN	
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	7,446,432				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,470,033			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,673,795		22.00
23.00 02300	PARAMED PRGM-PHARMACY	0			446,111	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0				463,792
23.03 02303	PARAMED PRGM-NURSING	67,389				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,064,967	1,099,034	1,189,698	0	463,792
31.00 03100	INTENSIVE CARE UNIT	471,720	37,276	40,351	0	0
32.00 03200	CORONARY CARE UNIT	303,248	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	161,924	175,282	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	6,915	7,485	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	51,746	56,015	0	0
60.00 06000	LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
65.01 06501	PULMONARY REHAB	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	3,389	3,668	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	446,111	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	FAMILY PRACTICE	0	881,929	954,682	0	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0
90.03 09003	CHEMO	0	0	0	0	0
90.04 09004	PRIMARY CARE FOR SENIORS	0	45,885	49,670	0	0
90.05 09005	PAIN MANAGEMENT	0	4,991	5,403	0	0
90.06 09006	WOUND CARE	0	0	0	0	0
90.07 09007	SLEEP CENTER	0	0	0	0	0
90.08 09008	HEMATOLOGY	0	0	0	0	0
90.09 09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0
90.10 09010	DIABETES CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	539,108	176,944	191,541	0	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
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,446,432	2,470,033	2,673,795	446,111	463,792
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HENDERSONER PHYSICIANS	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	0	0	0	0	0
194.00 07950	MISC NONREIMBURSABLE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
		SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	7,446,432	2,470,033	2,673,795	446,111	463,792	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
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Cost Center Description			PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-PHARMACY					23.00
23.01	02301	PARAMED PRGM-CHAPLAIN					23.01
23.03	02303	PARAMED PRGM-NURSING	1,253,443				23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	669,078	116,072,350	-2,288,732	113,783,618	30.00
31.00	03100	INTENSIVE CARE UNIT	344,702	24,795,326	-77,627	24,717,699	31.00
32.00	03200	CORONARY CARE UNIT	63,964	5,881,227	0	5,881,227	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,057,859	0	1,057,859	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,385	105,251,742	-337,206	104,914,536	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,582,350	-14,400	15,567,950	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,462,090	0	15,462,090	55.00
56.00	05600	RADIOISOTOPE	0	2,850,188	0	2,850,188	56.00
57.00	05700	CT SCAN	0	7,842,796	0	7,842,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,915,562	0	5,915,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,933	19,450,273	-107,761	19,342,512	59.00
60.00	06000	LABORATORY	0	47,735,115	0	47,735,115	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,020,864	0	5,020,864	63.00
64.00	06400	INTRAVENOUS THERAPY	6,791	3,150,083	0	3,150,083	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,166,343	0	8,166,343	65.00
65.01	06501	PULMONARY REHAB	0	346,436	0	346,436	65.01
66.00	06600	PHYSICAL THERAPY	0	12,137,982	0	12,137,982	66.00
69.00	06900	ELECTROCARDIOLOGY	285	6,544,443	-7,057	6,537,386	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,003,719	0	10,003,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,218,237	0	35,218,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,170,734	0	105,170,734	73.00
74.00	07400	RENAL DIALYSIS	0	2,202,758	0	2,202,758	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,049,872	0	1,049,872	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,804,085	0	3,804,085	90.00
90.01	09001	FAMILY PRACTICE	0	3,677,555	-1,836,611	1,840,944	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,440,806	0	1,440,806	90.02
90.03	09003	CHEMO	1,330	3,117,215	0	3,117,215	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,550,469	-95,555	1,454,914	90.04
90.05	09005	PAIN MANAGEMENT	237	4,690,520	-10,394	4,680,126	90.05
90.06	09006	WOUND CARE	2,897	2,795,758	0	2,795,758	90.06
90.07	09007	SLEEP CENTER	0	3,433,068	0	3,433,068	90.07
90.08	09008	HEMATOLOGY	0	1,107,510	0	1,107,510	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	919,286	0	919,286	90.09
90.10	09010	DIABETES CENTER	0	382,510	0	382,510	90.10
91.00	09100	EMERGENCY	81,961	32,050,006	-368,485	31,681,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	59,880	8,787,378	0	8,787,378	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	12,181,676	0	12,181,676	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,253,443	636,846,191	-5,143,828	631,702,363	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,060,721	0	3,060,721	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,888,170	0	17,888,170	192.00
192.01	19201	DEACONESS URGENT CARE	0	28	0	28	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	112,890	0	112,890	192.02
192.03	19203	FAMILY PHARMACY	0	37,093,408	0	37,093,408	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description			PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	24.00	25.00	26.00	
194.00	07950	MISC NONREIMBURSABLE	0	5,246,090	0	5,246,090	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	76,262	0	76,262	194.01
194.02	07952	OTHER FACILITIES	0	7,668,233	0	7,668,233	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	194.03
194.04	07954	PR	0	2,465,376	0	2,465,376	194.04
194.05	07955	CHILD CARE CENTER	0	3,683,512	0	3,683,512	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	49	0	49	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	15,368	0	15,368	194.07
194.08	07958	HEALTHSOUTH	0	577,160	0	577,160	194.08
194.09	07959	HOME OFFICE	0	10,614,705	0	10,614,705	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,253,443	725,348,163	-5,143,828	720,204,335	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet B Part II Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	108,110	11,313	33,649	153,072 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	864,359	57,485	13,872,827	14,794,671 5.00
7.00 00700	OPERATION OF PLANT	0	28,520	0	264,443	292,963 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	133,445	133,445 8.00
9.00 00900	HOUSEKEEPING	0	10,214	0	37,552	47,766 9.00
10.00 01000	DIETARY	0	147,968	0	95,010	242,978 10.00
11.00 01100	CAFETERIA	0	650,936	0	73,792	724,728 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	909,143	909,143 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	11,488	0	610,827	622,315 14.00
15.00 01500	PHARMACY	0	0	0	747,589	747,589 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	12,786	0	277	13,063 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	2,180	2,180 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	108,385	0	0	108,385 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	34,963	0	0	34,963 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	9,815	0	16,967	26,782 23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	40,008	2,722	9,007	51,737 23.01
23.03 02303	PARAMED ED PRGM-NURSING	0	45,677	0	6,343	52,020 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	8,673,113	0	1,274,399	9,947,512 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,435,679	0	166,274	1,601,953 31.00
32.00 03200	CORONARY CARE UNIT	0	215,172	0	31,023	246,195 32.00
40.00 04000	SUBPROVIDER - IPF	0	75,220	0	313	75,533 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,869,202	0	5,612,056	9,481,258 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	900,846	0	1,058,472	1,959,318 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	419,006	0	30,101	449,107 55.00
56.00 05600	RADIOISOTOPE	0	141,475	0	93,666	235,141 56.00
57.00 05700	CT SCAN	0	130,712	0	1,635,418	1,766,130 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	269,814	0	1,462,027	1,731,841 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	868,105	0	1,145,334	2,013,439 59.00
60.00 06000	LABORATORY	0	952,166	0	1,386,966	2,339,132 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	40,083	0	0	40,083 63.00
64.00 06400	INTRAVENOUS THERAPY	0	31,841	0	26,939	58,780 64.00
65.00 06500	RESPIRATORY THERAPY	0	190,523	0	333,088	523,611 65.00
65.01 06501	PULMONARY REHAB	0	29,968	0	10,545	40,513 65.01
66.00 06600	PHYSICAL THERAPY	0	193,245	0	73,053	266,298 66.00
69.00 06900	ELECTROCARDIOLOGY	0	522,497	0	295,808	818,305 69.00
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	14,684	0	11,252	25,936 74.00
76.97 07697	CARDIAC REHABILITATION	0	125,667	0	15,765	141,432 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	231,954	0	2,851	234,805 90.00
90.01 09001	FAMILY PRACTICE	0	92,877	0	34,166	127,043 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	3,179	3,179 90.02
90.03 09003	CHEMO	0	304,827	0	76,034	380,861 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	0	10,144	10,144 90.04
90.05 09005	PAIN MANAGEMENT	0	223,838	0	59,473	283,311 90.05
90.06 09006	WOUND CARE	0	89,755	0	8,409	98,164 90.06
90.07 09007	SLEEP CENTER	0	85,335	0	62,966	148,301 90.07
90.08 09008	HEMATOLOGY	0	84,136	0	319	84,455 90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	179,235	0	3,307	182,542 90.09
90.10 09010	DIABETES CENTER	0	0	0	449	449 90.10
91.00 09100	EMERGENCY	0	1,157,224	0	262,652	1,419,876 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	726,555	0	84,031	810,586 92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	123,544	0	303,622	427,166 96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	24,471,527	71,520	32,387,152	56,930,199 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	257,178	0	50,165	307,343 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,691,134	0	272,290	1,963,424 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HENDERSON ER PHYSICIANS	0	0	0	0	0 192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
192.03 19203 FAMILY PHARMACY	0	90,979	0	38,568	129,547	192.03
194.00 07950 MI SC NONREIMBURSABLE	0	669,890	56,656	29,160	755,706	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	1,811,431	0	39,284	1,850,715	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	115,328	0	5,097	120,425	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	37,278	37,278	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	8,741	0	0	8,741	194.07
194.08 07958 HEALTHSOUTH	0	328,277	0	0	328,277	194.08
194.09 07959 HOME OFFICE	0	10,584,839	29,866	0	10,614,705	194.09
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	40,029,324	158,042	32,858,994	73,046,360	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet B Part II Date/Time Prepared: 4/28/2021 10:06 pm	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	153,072					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,494	14,814,165				5.00
7.00	00700	OPERATION OF PLANT	1,949	479,417	774,329			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	420	59,972	15,564	209,401		8.00
9.00	00900	HOUSEKEEPING	2,737	205,281	9,234		265,018	9.00
10.00	01000	DIETARY	1,043	114,485	10,552	3,171		10.00
11.00	01100	CAFETERIA	792	62,997	15,794	0		11.00
13.00	01300	NURSING ADMINISTRATION	2,293	171,136	4,351	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,141	129,313	13,827	1,535		14.00
15.00	01500	PHARMACY	4,845	322,460	8,285	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,192	54,282	5,168	0		16.00
17.00	01700	SOCIAL SERVICE	2,863	171,367	3,213	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	887	49,347	2,630	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	820	54,366	848	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	134	8,960	238	0		23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	130	8,590	1,486	0		23.01
23.03	02303	PARAMED ED PRGM-NURSING	426	23,725	1,108	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,854	1,884,478	210,442	113,333	74,408	30.00
31.00	03100	INTENSIVE CARE UNIT	6,081	431,045	34,835	9,095	12,317	31.00
32.00	03200	CORONARY CARE UNIT	1,437	99,764	5,221	4,448	1,846	32.00
40.00	04000	SUBPROVIDER - I/PF	308	19,313	1,825	265	645	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,702	1,985,065	93,882	23,326	33,194	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,058	294,392	21,858	6,811	7,728	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,464	297,498	10,167	0	3,595	55.00
56.00	05600	RADIOISOTOPE	362	53,360	3,433	257	1,214	56.00
57.00	05700	CT SCAN	1,468	151,286	3,172	2,572	1,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	902	112,662	6,547	1,832	2,315	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,784	361,092	21,064	5,282	7,448	59.00
60.00	06000	LABORATORY	7,403	912,965	23,103	164	8,169	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	416	97,995	973	147	344	63.00
64.00	06400	INTRAVENOUS THERAPY	844	60,676	773	0	273	64.00
65.00	06500	RESPIRATORY THERAPY	2,096	158,935	5,350	10	1,892	65.00
65.01	06501	PULMONARY REHAB	95	6,005	727	0	257	65.01
66.00	06600	PHYSICAL THERAPY	0	231,837	4,689	1,917	1,658	66.00
69.00	06900	ELECTROCARDIOLOGY	1,268	121,268	12,678	2,278	4,483	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	182,725	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	643,499	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,858,634	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	70	42,687	356	0	126	74.00
76.97	07697	CARDIAC REHABILITATION	214	19,369	3,049	51	1,078	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,088	71,464	5,628	39	1,990	90.00
90.01	09001	FAMILY PRACTICE	374	33,965	2,254	87	797	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	371	27,532	0	0	0	90.02
90.03	09003	CHEMO	663	56,032	7,396	1,041	2,615	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	866	29,484	0	19	0	90.04
90.05	09005	PAIN MANAGEMENT	1,241	87,379	5,431	1,491	1,920	90.05
90.06	09006	WOUND CARE	668	52,075	2,178	434	770	90.06
90.07	09007	SLEEP CENTER	1,484	67,118	2,071	0	732	90.07
90.08	09008	HEMATOLOGY	288	20,054	2,041	0	722	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	292	15,566	4,349	0	1,538	90.09
90.10	09010	DIABETES CENTER	101	7,222	0	0	0	90.10
91.00	09100	EMERGENCY	11,887	601,669	28,079	24,865	9,928	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,161	149,311	24,080	658	8,514	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,305	237,911	2,998	0	1,060	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,781	13,399,030	642,947	205,128	218,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	515	57,530	6,240	70	2,206	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,853	342,937	41,033	0	14,509	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	2	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	434	3,702	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	741	665,214	2,207	0	781	192.03
194.00	07950	MISC NONREIMBURSABLE	696	86,314	26,975	3,245	9,538	194.00
194.01	07951	OCCUPATIONAL HEALTH	24	1,547	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	4.00	5.00	7.00	8.00	9.00	
194.02 07952 OTHER FACILITIES	460	129,100	43,952	0	15,541	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	473	47,874	2,798	0	989	194.04
194.05 07955 CHILD CARE CENTER	1,095	73,411	0	956	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	1	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	195	212	0	75	194.07
194.08 07958 HEALTHSOUTH	0	7,310	7,965	0	2,816	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
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)	153,072	14,814,165	774,329	209,401	265,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet B Part II Date/Time Prepared: 4/28/2021 10:06 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	375,960					10.00
11.00	01100	CAFETERIA	0	809,895				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,821	1,107,283			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,000	0	786,020		14.00
15.00	01500	PHARMACY	0	30,075	0	8,186	1,124,369	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,480	0	6	0	16.00
17.00	01700	SOCIAL SERVICE	0	18,336	0	1	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,845	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,746	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	800	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	1,649	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	3,274	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	276,011	208,807	492,998	26,709	100	30.00
31.00	03100	INTENSIVE CARE UNIT	41,277	44,579	105,254	15,807	69	31.00
32.00	03200	CORONARY CARE UNIT	10,312	10,623	25,082	4,488	11	32.00
40.00	04000	SUBPROVIDER - I/PF	3,762	2,716	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71,817	169,563	135,090	395	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,030	0	13,752	188	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,502	0	2,157	2,245	55.00
56.00	05600	RADIOISOTOPE	0	1,940	0	5,865	4	56.00
57.00	05700	CT SCAN	0	10,939	0	2,649	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,330	0	1,942	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,935	37,623	27,867	77	59.00
60.00	06000	LABORATORY	0	76,692	0	125,697	16	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,032	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,851	11,453	4,676	4	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,765	0	8,921	2	65.00
65.01	06501	PULMONARY REHAB	0	922	0	8	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,727	32	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,707	0	8,738	80	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	80,723	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	284,320	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	843,770	73.00
74.00	07400	RENAL DIALYSIS	0	315	0	116	102	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,086	0	38	1	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,422	17,523	903	0	90.00
90.01	09001	FAMILY PRACTICE	0	3,929	9,277	284	896	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	3,856	9,105	2	0	90.02
90.03	09003	CHEMO	0	4,924	11,625	3,094	300	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	4,196	9,907	33	186	90.04
90.05	09005	PAIN MANAGEMENT	0	9,653	22,792	2,595	78	90.05
90.06	09006	WOUND CARE	0	4,996	11,797	6,205	0	90.06
90.07	09007	SLEEP CENTER	0	8,174	19,298	461	0	90.07
90.08	09008	HEMATOLOGY	0	3,032	7,158	40	8	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	2,086	4,925	24	0	90.09
90.10	09010	DIABETES CENTER	0	994	2,348	51	0	90.10
91.00	09100	EMERGENCY	3,273	42,081	99,355	7,301	64	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	28,342	17,026	40,200	2,440	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	14,577	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,977	756,560	1,107,283	783,916	848,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,519	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,504	0	542	1,207	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	582	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	4,948	0	1,445	274,470	192.03
194.00	07950	MISC NONREIMBURSABLE	12,983	6,185	0	117	64	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	218	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part II
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.02 07952 OTHER FACILITIES	0	946	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	3,323	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	15,110	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
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)	375,960	809,895	1,107,283	786,020	1,124,369	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part II
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		21.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	90,018				16.00
17.00 01700	SOCIAL SERVICE	0	199,096			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	168,024		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	93,043	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	1,802	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,360	162,160			30.00
31.00 03100	INTENSIVE CARE UNIT	2,226	12,612			31.00
32.00 03200	CORONARY CARE UNIT	600	8,108			32.00
40.00 04000	SUBPROVIDER - I/P	126	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,529	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,375	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,992	0			55.00
56.00 05600	RADIOISOTOPE	1,057	0			56.00
57.00 05700	CT SCAN	5,481	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,698	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	4,402	0			59.00
60.00 06000	LABORATORY	7,778	0			60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	692	0			63.00
64.00 06400	INTRAVENOUS THERAPY	261	0			64.00
65.00 06500	RESPIRATORY THERAPY	2,601	0			65.00
65.01 06501	PULMONARY REHAB	14	0			65.01
66.00 06600	PHYSICAL THERAPY	2,582	0			66.00
69.00 06900	ELECTROCARDIOLOGY	2,237	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,083	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,288	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,030	0			73.00
74.00 07400	RENAL DIALYSIS	374	0			74.00
76.97 07697	CARDIAC REHABILITATION	119	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	137	0			90.00
90.01 09001	FAMILY PRACTICE	91	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	196	0			90.02
90.03 09003	CHEMO	895	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	30	0			90.04
90.05 09005	PAIN MANAGEMENT	938	0			90.05
90.06 09006	WOUND CARE	505	0			90.06
90.07 09007	SLEEP CENTER	266	0			90.07
90.08 09008	HEMATOLOGY	63	0			90.08
90.09 09009	MULTI-SPECIALTY SERVICES	40	0			90.09
90.10 09010	DIABETES CENTER	19	0			90.10
91.00 09100	EMERGENCY	7,976	14,414			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	519	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	1,132	0			96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	88,712	199,096	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	84	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HENDERSON ER PHYSICIANS	0	0			192.02
192.03 19203	FAMILY PHARMACY	1,222	0			192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part II
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.00 07950 MI SC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	0	0	0	0	0	194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments			168,024	93,043	36,998	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	90,018	199,096	168,024	93,043	36,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet B Part II Date/Time Prepared: 4/28/2021 10:06 pm		
Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.03	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	64,117				23.01
23.03	02303	PARAMED ED PRGM-NURSING		82,747			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			13,437,172	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,317,150	0	31.00
32.00	03200	CORONARY CARE UNIT			418,135	0	32.00
40.00	04000	SUBPROVIDER - IPF			104,493	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			12,022,821	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,335,510	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			779,727	0	55.00
56.00	05600	RADIOISOTOPE			302,633	0	56.00
57.00	05700	CT SCAN			1,944,818	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			1,866,069	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			2,497,013	0	59.00
60.00	06000	LABORATORY			3,501,119	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.			143,682	0	63.00
64.00	06400	INTRAVENOUS THERAPY			142,591	0	64.00
65.00	06500	RESPIRATORY THERAPY			719,183	0	65.00
65.01	06501	PULMONARY REHAB			48,541	0	65.01
66.00	06600	PHYSICAL THERAPY			511,740	0	66.00
69.00	06900	ELECTROCARDIOLOGY			980,042	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			264,531	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			931,107	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,715,434	0	73.00
74.00	07400	RENAL DIALYSIS			70,082	0	74.00
76.97	07697	CARDIAC REHABILITATION			167,437	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			340,999	0	90.00
90.01	09001	FAMILY PRACTICE			178,997	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			44,241	0	90.02
90.03	09003	CHEMO			469,446	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			54,865	0	90.04
90.05	09005	PAIN MANAGEMENT			416,829	0	90.05
90.06	09006	WOUND CARE			177,792	0	90.06
90.07	09007	SLEEP CENTER			247,905	0	90.07
90.08	09008	HEMATOLOGY			117,861	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES			211,362	0	90.09
90.10	09010	DIABETES CENTER			11,184	0	90.10
91.00	09100	EMERGENCY			2,270,768	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			1,083,837	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			686,149	0	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	54,533,265	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			381,423	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,383,093	0	192.00
192.01	19201	DEACONESS URGENT CARE			2	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS			4,718	0	192.02
192.03	19203	FAMILY PHARMACY			1,080,575	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B
Part II
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.00	07950	MISC NONREIMBURSABLE			901,823	0	901,823	194.00
194.01	07951	OCCUPATIONAL HEALTH			1,789	0	1,789	194.01
194.02	07952	OTHER FACILITIES			2,040,714	0	2,040,714	194.02
194.03	07953	THE HEART HOSPITAL			0	0	0	194.03
194.04	07954	PR			175,882	0	175,882	194.04
194.05	07955	CHILD CARE CENTER			127,850	0	127,850	194.05
194.06	07956	CENTER OF LIFE BALANCE			1	0	1	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA			9,223	0	9,223	194.07
194.08	07958	HEALTHSOUTH			346,368	0	346,368	194.08
194.09	07959	HOME OFFICE			10,614,705	0	10,614,705	194.09
200.00		Cross Foot Adjustments	64,117	82,747	444,929	0	444,929	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	64,117	82,747	73,046,360	0	73,046,360	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQARE FEET)	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,602,869				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			31,414,532		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,329	3,533	32,170	301,682,335	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,611	17,952	13,262,992	38,450,201	665,304,756
7.00	00700	OPERATION OF PLANT	1,142	0	252,818	3,844,736	21,530,383
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	127,579	829,099	2,693,301
9.00	00900	HOUSEKEEPING	409	0	35,901	5,399,020	9,219,072
10.00	01000	DIETARY	5,925	0	90,833	2,057,975	5,141,444
11.00	01100	CAFETERIA	26,065	0	70,548	1,562,642	2,829,177
13.00	01300	NURSING ADMINISTRATION	0	0	869,177	4,522,821	7,685,629
14.00	01400	CENTRAL SERVICES & SUPPLY	460	0	583,975	2,250,459	5,807,369
15.00	01500	PHARMACY	0	0	714,725	9,556,306	14,481,531
16.00	01600	MEDICAL RECORDS & LIBRARY	512	0	265	2,351,932	2,437,768
17.00	01700	SOCIAL SERVICE	0	0	2,084	5,647,425	7,696,021
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	0	1,749,210	2,216,138
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,616,946	2,441,567
23.00	02300	PARAMED ED PRGM-PHARMACY	393	0	16,221	263,930	402,395
23.01	02301	PARAMED ED PRGM-CHAPLAIN	1,602	850	8,611	256,959	385,788
23.03	02303	PARAMED ED PRGM-NURSING	1,829	0	6,064	841,064	1,065,480
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	347,292	0	1,218,377	66,532,392	84,630,974
31.00	03100	INTENSIVE CARE UNIT	57,488	0	158,965	11,993,184	19,358,021
32.00	03200	CORONARY CARE UNIT	8,616	0	29,659	2,834,611	4,480,341
40.00	04000	SUBPROVIDER - IPF	3,012	0	299	606,867	867,356
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	154,932	0	5,365,352	30,970,524	89,156,228
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,072	0	1,011,942	6,031,832	13,220,994
55.00	05500	RADIOLOGY-THERAPEUTIC	16,778	0	28,778	2,887,507	13,360,484
56.00	05600	RADIOISOTOPE	5,665	0	89,548	714,494	2,396,384
57.00	05700	CT SCAN	5,234	0	1,563,526	2,896,056	6,794,199
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,804	0	1,397,757	1,779,953	5,059,608
59.00	05900	CARDIAC CATHETERIZATION	34,761	0	1,094,985	5,491,016	16,216,484
60.00	06000	LABORATORY	38,127	0	1,325,995	14,601,263	41,000,787
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	0	0	820,856	4,400,918
64.00	06400	INTRAVENOUS THERAPY	1,275	0	25,755	1,664,880	2,724,944
65.00	06500	RESPIRATORY THERAPY	7,629	0	318,446	4,134,736	7,137,690
65.01	06501	PULMONARY REHAB	1,200	0	10,081	187,089	269,673
66.00	06600	PHYSICAL THERAPY	7,738	0	69,842	399	10,411,663
69.00	06900	ELECTROCARDIOLOGY	20,922	0	282,804	2,500,631	5,446,064
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,206,093
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	28,899,207
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	83,470,322
74.00	07400	RENAL DIALYSIS	588	0	10,757	137,102	1,917,068
76.97	07697	CARDIAC REHABILITATION	5,032	0	15,072	421,531	869,835
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,288	0	2,726	2,146,779	3,209,433
90.01	09001	FAMILY PRACTICE	3,719	0	32,664	737,436	1,525,370
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	3,039	732,544	1,236,447
90.03	09003	CHEMO	12,206	0	72,692	1,306,790	2,516,355
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	9,698	1,708,743	1,324,092
90.05	09005	PAIN MANAGEMENT	8,963	0	56,859	2,447,193	3,924,162
90.06	09006	WOUND CARE	3,594	0	8,039	1,317,356	2,338,679
90.07	09007	SLEEP CENTER	3,417	0	60,198	2,927,041	3,014,247
90.08	09008	HEMATOLOGY	3,369	0	305	568,773	900,622
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	3,162	576,743	699,075
90.10	09010	DIABETES CENTER	0	0	429	199,388	324,324
91.00	09100	EMERGENCY	46,338	0	251,106	23,445,565	27,020,646
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,093	0	80,337	4,261,948	6,705,474
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	290,275	2,573,101	10,684,453
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	979,898	22,335	30,963,432	283,357,048	601,751,779
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,298	0	47,960	1,015,839	2,583,653
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,717	0	260,320	9,572,026	15,401,122
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	856,051	166,259	192.02
192.03 19203 FAMILY PHARMACY	3,643	0	36,873	1,461,249	29,874,437	192.03
194.00 07950 MISC NONREIMBURSABLE	26,824	17,693	27,878	1,372,508	3,876,323	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	47,211	69,483	194.01
194.02 07952 OTHER FACILITIES	72,534	0	37,557	907,064	5,797,808	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	4,618	0	4,873	933,794	2,149,980	194.04
194.05 07955 CHILD CARE CENTER	0	0	35,639	2,159,545	3,296,851	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	43	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	0	0	8,741	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	0	328,277	194.08
194.09 07959 HOME OFFICE	423,842	9,327	0	0	0	194.09
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)	40,029,324	158,042	32,858,994	33,454,823	96,365,916	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.973547	3.202148	1.045981	0.110894	0.144845	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				153,072	14,814,165	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000507	0.022267	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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	1,277,868				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,685	4,280,717			8.00
9.00	00900	HOUSEKEEPING	15,239	0	1,236,944		9.00
10.00	01000	DIETARY	17,414	64,833	17,414	411,133	10.00
11.00	01100	CAFETERIA	26,065	0	26,065	0	33,392
13.00	01300	NURSING ADMINISTRATION	7,181	0	7,181	0	776
14.00	01400	CENTRAL SERVICES & SUPPLY	22,819	31,372	22,819	0	536
15.00	01500	PHARMACY	13,673	0	13,673	0	1,240
16.00	01600	MEDICAL RECORDS & LIBRARY	8,528	0	8,528	0	597
17.00	01700	SOCIAL SERVICE	5,302	0	5,302	0	756
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	4,340	0	241
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	72
23.00	02300	PARAMED ED PRGM-PHARMACY	393	0	393	0	33
23.01	02301	PARAMED ED PRGM-CHAPLAIN	2,452	0	2,452	0	68
23.03	02303	PARAMED ED PRGM-NURSING	1,829	0	1,829	0	135
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	347,292	2,316,751	347,292	301,833	8,609
31.00	03100	INTENSIVE CARE UNIT	57,488	185,923	57,488	45,139	1,838
32.00	03200	CORONARY CARE UNIT	8,616	90,932	8,616	11,277	438
40.00	04000	SUBPROVIDER - IPF	3,012	5,422	3,012	4,114	112
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	154,932	476,851	154,932	0	2,961
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,072	139,232	36,072	0	1,032
55.00	05500	RADIOLOGY-THERAPEUTIC	16,778	0	16,778	0	433
56.00	05600	RADIOISOTOPE	5,665	5,258	5,665	0	80
57.00	05700	CT SCAN	5,234	52,577	5,234	0	451
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,804	37,461	10,804	0	261
59.00	05900	CARDIAC CATHETERIZATION	34,761	107,985	34,761	0	657
60.00	06000	LABORATORY	38,127	3,358	38,127	0	3,162
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	3,015	1,605	0	125
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	200
65.00	06500	RESPIRATORY THERAPY	8,829	209	8,829	0	650
65.01	06501	PULMONARY REHAB	1,200	0	1,200	0	38
66.00	06600	PHYSICAL THERAPY	7,738	39,181	7,738	0	0
69.00	06900	ELECTROCARDIOLOGY	20,922	46,562	20,922	0	359
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	588	0	588	0	13
76.97	07697	CARDIAC REHABILITATION	5,032	1,046	5,032	0	86
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,288	801	9,288	0	306
90.01	09001	FAMILY PRACTICE	3,719	1,781	3,719	0	162
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	159
90.03	09003	CHEMO	12,206	21,280	12,206	0	203
90.04	09004	PRIMARY CARE FOR SENIORS	0	386	0	0	173
90.05	09005	PAIN MANAGEMENT	8,963	30,485	8,963	0	398
90.06	09006	WOUND CARE	3,594	8,880	3,594	0	206
90.07	09007	SLEEP CENTER	3,417	0	3,417	0	337
90.08	09008	HEMATOLOGY	3,369	0	3,369	0	125
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	7,177	0	86
90.10	09010	DIABETES CENTER	0	0	0	0	41
91.00	09100	EMERGENCY	46,338	508,311	46,338	3,579	1,735
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,739	13,458	39,739	30,993	702
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	4,947	0	601
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,061,047	4,193,350	1,020,123	396,935	31,193
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,298	1,438	10,298	0	310
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,717	5	67,717	0	598
192.01	19201	DEACONESS URGENT CARE	0	49	0	0	0
192.02	19202	HENDERSONER PHYSICIANS	0	0	0	0	24
192.03	19203	FAMILY PHARMACY	3,643	0	3,643	0	204
194.00	07950	MISC NONREIMBURSABLE	44,516	66,338	44,516	14,198	255

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	72,534	0	72,534	0	39	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	4,618	0	4,618	0	137	194.04
194.05	07955 CHILD CARE CENTER	0	19,537	0	0	623	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08	07958 HEALTHSOUTH	13,145	0	13,145	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	11,269,852	2,435,937	8,036,652	5,189,778	4,293,792	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.819261	0.569049	6.497183	12.623112	128.587446	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	774,329	209,401	265,018	375,960	809,895	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.605954	0.048917	0.214252	0.914449	24.254163	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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	19,336					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	79,900,490				14.00
15.00	01500	PHARMACY	0	832,179	111,230,456			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	631	0	2,857,537,002		16.00
17.00	01700	SOCIAL SERVICE	0	149	0	0	221	17.00
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	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	0	2	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,609	2,715,134	9,899	198,761,804	180	30.00
31.00	03100	INTENSIVE CARE UNIT	1,838	1,606,925	6,852	69,555,677	14	31.00
32.00	03200	CORONARY CARE UNIT	438	456,238	1,064	18,740,016	9	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	3,953,039	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,961	13,732,842	39,042	467,325,014	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,397,991	18,631	105,455,886	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	219,292	222,120	93,489,761	0	55.00
56.00	05600	RADIOISOTOPE	0	596,232	354	33,032,960	0	56.00
57.00	05700	CT SCAN	0	269,257	0	171,271,309	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	197,370	0	53,065,537	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	657	2,832,855	7,587	137,562,162	0	59.00
60.00	06000	LABORATORY	0	12,778,004	1,629	243,047,618	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	21,617,714	0	63.00
64.00	06400	INTRAVENOUS THERAPY	200	475,344	374	8,153,358	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	906,855	159	81,289,580	0	65.00
65.01	06501	PULMONARY REHAB	0	856	1	422,230	0	65.01
66.00	06600	PHYSICAL THERAPY	0	277,228	3,136	80,690,485	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	888,315	7,940	69,905,176	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,206,093	0	33,838,722	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,899,207	0	102,757,866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	83,470,322	407,193,196	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,820	10,089	11,696,904	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	3,863	71	3,717,823	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	306	91,827	0	4,280,598	0	90.00
90.01	09001	FAMILY PRACTICE	162	28,855	88,670	2,839,237	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	159	161	0	6,121,938	0	90.02
90.03	09003	CHEMO	203	314,511	29,709	27,953,228	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	173	3,369	18,394	941,467	0	90.04
90.05	09005	PAIN MANAGEMENT	398	263,759	7,685	29,302,552	0	90.05
90.06	09006	WOUND CARE	206	630,769	0	15,773,059	0	90.06
90.07	09007	SLEEP CENTER	337	46,822	33	8,303,983	0	90.07
90.08	09008	HEMATOLOGY	125	4,095	825	1,972,207	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	86	2,416	0	1,253,786	0	90.09
90.10	09010	DIABETES CENTER	41	5,139	0	608,816	0	90.10
91.00	09100	EMERGENCY	1,735	742,188	6,338	249,256,691	16	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	702	248,068	16	16,223,262	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	35,363,773	0	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,336	79,686,659	83,950,940	2,816,738,434	221	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	55,072	119,410	2,618,138	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	146,899	27,153,788	38,180,430	0	192.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		NURSING ADMINISTRATION (FTE'S NURSING) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00		
194.00	07950	MI SC NONREIMBURSABLE	0	11,860	6,318	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	0	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	8,322,476	5,695,585	11,825,989	2,033,038	7,446,432	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	430.413529	0.071283	0.106320	0.000711	33,694.262443	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,107,283	786,020	1,124,369	90,018	199,096	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	57.265360	0.009837	0.010108	0.000032	900.886878	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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	53,939				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		53,939			22.00
23.00 02300	PARAMED PRGM-PHARMACY			100		23.00
23.01 02301	PARAMED PRGM-CHAPLAIN				100	23.01
23.03 02303	PARAMED PRGM-NURSING					26,396 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,000	24,000	0	100	14,090 30.00
31.00 03100	INTENSIVE CARE UNIT	814	814	0	0	7,259 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	1,347 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,536	3,536	0	0	324 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	151	151	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,130	1,130	0	0	146 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	143 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 06501	PULMONARY REHAB	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00 06900	ELECTROCARDIOLOGY	74	74	0	0	6 69.00
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	100	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	FAMILY PRACTICE	19,259	19,259	0	0	0 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0 90.02
90.03 09003	CHEMO	0	0	0	0	28 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	1,002	1,002	0	0	0 90.04
90.05 09005	PAIN MANAGEMENT	109	109	0	0	5 90.05
90.06 09006	WOUND CARE	0	0	0	0	61 90.06
90.07 09007	SLEEP CENTER	0	0	0	0	0 90.07
90.08 09008	HEMATOLOGY	0	0	0	0	0 90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0 90.09
90.10 09010	DIABETES CENTER	0	0	0	0	0 90.10
91.00 09100	EMERGENCY	3,864	3,864	0	0	1,726 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	1,261 92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	53,939	53,939	100	100	26,396 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HENDERSON ER PHYSICIANS	0	0	0	0	0 192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
192.03 19203 FAMILY PHARMACY	0	0	0	0	0	0 192.03
194.00 07950 MI SC NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	0 194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	0 194.03
194.04 07954 PR	0	0	0	0	0	0 194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	0 194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	0 194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0 194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,470,033	2,673,795	446,111	463,792	1,253,443	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	45.793081	49.570719	4,461.110000	4,637.920000	47.486096	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	168,024	93,043	36,998	64,117	82,747	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.115074	1.724967	369.980000	641.170000	3.134831	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet C
Part I
Date/Time Prepared:
4/28/2021 10:06 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	113,783,618		113,783,618	261,832	114,045,450	30.00
31.00	03100 INTENSIVE CARE UNIT	24,717,699		24,717,699	0	24,717,699	31.00
32.00	03200 CORONARY CARE UNIT	5,881,227		5,881,227	0	5,881,227	32.00
40.00	04000 SUBPROVIDER - I/PF	1,057,859		1,057,859	0	1,057,859	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	104,914,536		104,914,536	640,039	105,554,575	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,567,950		15,567,950	323,007	15,890,957	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,462,090		15,462,090	0	15,462,090	55.00
56.00	05600 RADIOISOTOPE	2,850,188		2,850,188	0	2,850,188	56.00
57.00	05700 CT SCAN	7,842,796		7,842,796	0	7,842,796	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,915,562		5,915,562	0	5,915,562	58.00
59.00	05900 CARDIAC CATHETERIZATION	19,342,512		19,342,512	2,120	19,344,632	59.00
60.00	06000 LABORATORY	47,735,115		47,735,115	161,604	47,896,719	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5,020,864		5,020,864	0	5,020,864	63.00
64.00	06400 INTRAVENOUS THERAPY	3,150,083		3,150,083	0	3,150,083	64.00
65.00	06500 RESPIRATORY THERAPY	8,166,343	0	8,166,343	1,066	8,167,409	65.00
65.01	06501 PULMONARY REHAB	346,436	0	346,436	81	346,517	65.01
66.00	06600 PHYSICAL THERAPY	12,137,982	0	12,137,982	0	12,137,982	66.00
69.00	06900 ELECTROCARDIOLOGY	6,537,386		6,537,386	0	6,537,386	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,003,719		10,003,719	0	10,003,719	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	35,218,237		35,218,237	0	35,218,237	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	105,170,734		105,170,734	0	105,170,734	73.00
74.00	07400 RENAL DIALYSIS	2,202,758		2,202,758	3,551	2,206,309	74.00
76.97	07697 CARDIAC REHABILITATION	1,049,872		1,049,872	0	1,049,872	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,804,085		3,804,085	30,555	3,834,640	90.00
90.01	09001 FAMILY PRACTICE	1,840,944		1,840,944	0	1,840,944	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,440,806		1,440,806	0	1,440,806	90.02
90.03	09003 CHEMO	3,117,215		3,117,215	0	3,117,215	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,454,914		1,454,914	0	1,454,914	90.04
90.05	09005 PAIN MANAGEMENT	4,680,126		4,680,126	0	4,680,126	90.05
90.06	09006 WOUND CARE	2,795,758		2,795,758	0	2,795,758	90.06
90.07	09007 SLEEP CENTER	3,433,068		3,433,068	0	3,433,068	90.07
90.08	09008 HEMATOLOGY	1,107,510		1,107,510	0	1,107,510	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	919,286		919,286	0	919,286	90.09
90.10	09010 DIABETES CENTER	382,510		382,510	0	382,510	90.10
91.00	09100 EMERGENCY	31,681,521		31,681,521	160,289	31,841,810	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,994,333		8,994,333	0	8,994,333	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	8,787,378		8,787,378	0	8,787,378	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	12,181,676		12,181,676	0	12,181,676	96.00
200.00	Subtotal (see instructions)	640,696,696	0	640,696,696	1,584,144	642,280,840	200.00
201.00	Less Observation Beds	8,994,333		8,994,333		8,994,333	201.00
202.00	Total (see instructions)	631,702,363	0	631,702,363	1,584,144	633,286,507	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet C
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	183,104,148		183,104,148				30.00
31.00	03100	INTENSIVE CARE UNIT	67,578,495		67,578,495				31.00
32.00	03200	CORONARY CARE UNIT	18,242,796		18,242,796				32.00
40.00	04000	SUBPROVIDER - IPF	3,953,039		3,953,039				40.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	198,133,303	269,191,710	467,325,013	0.224500	0.000000		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,631,840	77,824,046	105,455,886	0.147625	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,047,123	81,442,638	93,489,761	0.165388	0.000000		55.00
56.00	05600	RADIOISOTOPE	4,992,029	28,040,931	33,032,960	0.086283	0.000000		56.00
57.00	05700	CT SCAN	50,110,524	121,160,786	171,271,310	0.045792	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,378,323	42,687,215	53,065,538	0.111477	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	77,195,036	60,367,127	137,562,163	0.140609	0.000000		59.00
60.00	06000	LABORATORY	72,257,600	170,790,018	243,047,618	0.196402	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	16,767,173	4,850,541	21,617,714	0.232257	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	7,835,452	317,906	8,153,358	0.386354	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	74,093,454	7,196,126	81,289,580	0.100460	0.000000		65.00
65.01	06501	PULMONARY REHAB	0	422,230	422,230	0.820491	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	48,971,692	31,718,793	80,690,485	0.150426	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	26,321,655	43,583,522	69,905,177	0.093518	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,051,576	13,787,147	33,838,723	0.295629	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,853,201	34,904,665	102,757,866	0.342730	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	160,476,776	246,716,420	407,193,196	0.258282	0.000000		73.00
74.00	07400	RENAL DIALYSIS	10,368,205	1,328,699	11,696,904	0.188320	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	2,394	3,715,429	3,717,823	0.282389	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	13,745	4,266,853	4,280,598	0.888681	0.000000		90.00
90.01	09001	FAMILY PRACTICE	6,305	2,832,932	2,839,237	0.648394	0.000000		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	6,121,938	6,121,938	0.235351	0.000000		90.02
90.03	09003	CHEMO	92,087	27,861,141	27,953,228	0.111515	0.000000		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	3,090	938,377	941,467	1.545369	0.000000		90.04
90.05	09005	PAIN MANAGEMENT	11,753	29,290,799	29,302,552	0.159717	0.000000		90.05
90.06	09006	WOUND CARE	658,128	15,114,931	15,773,059	0.177249	0.000000		90.06
90.07	09007	SLEEP CENTER	5,452	8,298,531	8,303,983	0.413424	0.000000		90.07
90.08	09008	HEMATOLOGY	6,595	1,965,612	1,972,207	0.561559	0.000000		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	535	1,253,251	1,253,786	0.733208	0.000000		90.09
90.10	09010	DIABETES CENTER	350	608,466	608,816	0.628285	0.000000		90.10
91.00	09100	EMERGENCY	88,906,190	160,350,501	249,256,691	0.127104	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,164,551	13,967,508	18,132,059	0.496046	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,927,400	9,295,862	16,223,262	0.541653	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	35,363,773	35,363,773	0.344468	0.000000		96.00
200.00		Subtotal (see instructions)	1,259,162,015	1,557,576,424	2,816,738,439				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,259,162,015	1,557,576,424	2,816,738,439				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 4/28/2021 10:06 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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.225870		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150688		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165388		55.00
56.00	05600	RADIOISOTOPE	0.086283		56.00
57.00	05700	CT SCAN	0.045792		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.111477		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140625		59.00
60.00	06000	LABORATORY	0.197067		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232257		63.00
64.00	06400	INTRAVENOUS THERAPY	0.386354		64.00
65.00	06500	RESPIRATORY THERAPY	0.100473		65.00
65.01	06501	PULMONARY REHAB	0.820683		65.01
66.00	06600	PHYSICAL THERAPY	0.150426		66.00
69.00	06900	ELECTROCARDIOLOGY	0.093518		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.342730		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258282		73.00
74.00	07400	RENAL DIALYSIS	0.188623		74.00
76.97	07697	CARDIAC REHABILITATION	0.282389		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.895819		90.00
90.01	09001	FAMILY PRACTICE	0.648394		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.235351		90.02
90.03	09003	CHEMO	0.111515		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.545369		90.04
90.05	09005	PAIN MANAGEMENT	0.159717		90.05
90.06	09006	WOUND CARE	0.177249		90.06
90.07	09007	SLEEP CENTER	0.413424		90.07
90.08	09008	HEMATOLOGY	0.561559		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.733208		90.09
90.10	09010	DIABETES CENTER	0.628285		90.10
91.00	09100	EMERGENCY	0.127747		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.496046		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.541653		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.344468		96.00
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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet C
Part I
Date/Time Prepared:
4/28/2021 10:06 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		113,783,618	261,832	114,045,450	30.00
31.00	03100 INTENSIVE CARE UNIT		24,717,699	0	24,717,699	31.00
32.00	03200 CORONARY CARE UNIT		5,881,227	0	5,881,227	32.00
40.00	04000 SUBPROVIDER - I/PF		1,057,859	0	1,057,859	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		104,914,536	640,039	105,554,575	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,567,950	323,007	15,890,957	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		15,462,090	0	15,462,090	55.00
56.00	05600 RADIOISOTOPE		2,850,188	0	2,850,188	56.00
57.00	05700 CT SCAN		7,842,796	0	7,842,796	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		5,915,562	0	5,915,562	58.00
59.00	05900 CARDIAC CATHETERIZATION		19,342,512	2,120	19,344,632	59.00
60.00	06000 LABORATORY		47,735,115	161,604	47,896,719	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		5,020,864	0	5,020,864	63.00
64.00	06400 INTRAVENOUS THERAPY		3,150,083	0	3,150,083	64.00
65.00	06500 RESPIRATORY THERAPY	0	8,166,343	1,066	8,167,409	65.00
65.01	06501 PULMONARY REHAB	0	346,436	81	346,517	65.01
66.00	06600 PHYSICAL THERAPY	0	12,137,982	0	12,137,982	66.00
69.00	06900 ELECTROCARDIOLOGY		6,537,386	0	6,537,386	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,003,719	0	10,003,719	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		35,218,237	0	35,218,237	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		105,170,734	0	105,170,734	73.00
74.00	07400 RENAL DIALYSIS		2,202,758	3,551	2,206,309	74.00
76.97	07697 CARDIAC REHABILITATION		1,049,872	0	1,049,872	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		3,804,085	30,555	3,834,640	90.00
90.01	09001 FAMILY PRACTICE		1,840,944	0	1,840,944	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES		1,440,806	0	1,440,806	90.02
90.03	09003 CHEMO		3,117,215	0	3,117,215	90.03
90.04	09004 PRIMARY CARE FOR SENIORS		1,454,914	0	1,454,914	90.04
90.05	09005 PAIN MANAGEMENT		4,680,126	0	4,680,126	90.05
90.06	09006 WOUND CARE		2,795,758	0	2,795,758	90.06
90.07	09007 SLEEP CENTER		3,433,068	0	3,433,068	90.07
90.08	09008 HEMATOLOGY		1,107,510	0	1,107,510	90.08
90.09	09009 MULTI-SPECIALTY SERVICES		919,286	0	919,286	90.09
90.10	09010 DIABETES CENTER		382,510	0	382,510	90.10
91.00	09100 EMERGENCY		31,681,521	160,289	31,841,810	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,994,333	0	8,994,333	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		8,787,378	0	8,787,378	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		12,181,676	0	12,181,676	96.00
200.00	Subtotal (see instructions)	0	640,696,696	1,584,144	642,280,840	200.00
201.00	Less Observation Beds		8,994,333		8,994,333	201.00
202.00	Total (see instructions)	0	631,702,363	1,584,144	633,286,507	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet C
Part I
Date/Time Prepared:
4/28/2021 10:06 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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,104,148		183,104,148		30.00
31.00	03100	INTENSIVE CARE UNIT	67,578,495		67,578,495		31.00
32.00	03200	CORONARY CARE UNIT	18,242,796		18,242,796		32.00
40.00	04000	SUBPROVIDER - IPF	3,953,039		3,953,039		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	198,133,303	269,191,710	467,325,013	0.224500	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,631,840	77,824,046	105,455,886	0.147625	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,047,123	81,442,638	93,489,761	0.165388	55.00
56.00	05600	RADIOISOTOPE	4,992,029	28,040,931	33,032,960	0.086283	56.00
57.00	05700	CT SCAN	50,110,524	121,160,786	171,271,310	0.045792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,378,323	42,687,215	53,065,538	0.111477	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,195,036	60,367,127	137,562,163	0.140609	59.00
60.00	06000	LABORATORY	72,257,600	170,790,018	243,047,618	0.196402	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	16,767,173	4,850,541	21,617,714	0.232257	63.00
64.00	06400	INTRAVENOUS THERAPY	7,835,452	317,906	8,153,358	0.386354	64.00
65.00	06500	RESPIRATORY THERAPY	74,093,454	7,196,126	81,289,580	0.100460	65.00
65.01	06501	PULMONARY REHAB	0	422,230	422,230	0.820491	65.01
66.00	06600	PHYSICAL THERAPY	48,971,692	31,718,793	80,690,485	0.150426	66.00
69.00	06900	ELECTROCARDIOLOGY	26,321,655	43,583,522	69,905,177	0.093518	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,051,576	13,787,147	33,838,723	0.295629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,853,201	34,904,665	102,757,866	0.342730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	160,476,776	246,716,420	407,193,196	0.258282	73.00
74.00	07400	RENAL DIALYSIS	10,368,205	1,328,699	11,696,904	0.188320	74.00
76.97	07697	CARDIAC REHABILITATION	2,394	3,715,429	3,717,823	0.282389	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,745	4,266,853	4,280,598	0.888681	90.00
90.01	09001	FAMILY PRACTICE	6,305	2,832,932	2,839,237	0.648394	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	6,121,938	6,121,938	0.235351	90.02
90.03	09003	CHEMO	92,087	27,861,141	27,953,228	0.111515	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	3,090	938,377	941,467	1.545369	90.04
90.05	09005	PAIN MANAGEMENT	11,753	29,290,799	29,302,552	0.159717	90.05
90.06	09006	WOUND CARE	658,128	15,114,931	15,773,059	0.177249	90.06
90.07	09007	SLEEP CENTER	5,452	8,298,531	8,303,983	0.413424	90.07
90.08	09008	HEMATOLOGY	6,595	1,965,612	1,972,207	0.561559	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	535	1,253,251	1,253,786	0.733208	90.09
90.10	09010	DIABETES CENTER	350	608,466	608,816	0.628285	90.10
91.00	09100	EMERGENCY	88,906,190	160,350,501	249,256,691	0.127104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,164,551	13,967,508	18,132,059	0.496046	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,927,400	9,295,862	16,223,262	0.541653	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	35,363,773	35,363,773	0.344468	96.00
200.00		Subtotal (see instructions)	1,259,162,015	1,557,576,424	2,816,738,439		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,259,162,015	1,557,576,424	2,816,738,439		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 4/28/2021 10:06 pm
			Title XIX	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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.225870		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150688		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165388		55.00
56.00	05600	RADIOISOTOPE	0.086283		56.00
57.00	05700	CT SCAN	0.045792		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.111477		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140625		59.00
60.00	06000	LABORATORY	0.197067		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232257		63.00
64.00	06400	INTRAVENOUS THERAPY	0.386354		64.00
65.00	06500	RESPIRATORY THERAPY	0.100473		65.00
65.01	06501	PULMONARY REHAB	0.820683		65.01
66.00	06600	PHYSICAL THERAPY	0.150426		66.00
69.00	06900	ELECTROCARDIOLOGY	0.093518		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.342730		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258282		73.00
74.00	07400	RENAL DIALYSIS	0.188623		74.00
76.97	07697	CARDIAC REHABILITATION	0.282389		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.895819		90.00
90.01	09001	FAMILY PRACTICE	0.648394		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.235351		90.02
90.03	09003	CHEMO	0.111515		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.545369		90.04
90.05	09005	PAIN MANAGEMENT	0.159717		90.05
90.06	09006	WOUND CARE	0.177249		90.06
90.07	09007	SLEEP CENTER	0.413424		90.07
90.08	09008	HEMATOLOGY	0.561559		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.733208		90.09
90.10	09010	DIABETES CENTER	0.628285		90.10
91.00	09100	EMERGENCY	0.127747		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.496046		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.541653		92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.344468		96.00
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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet C
Part II
Date/Time Prepared:
4/28/2021 10:06 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	104,914,536	12,022,821	92,891,715	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,567,950	2,335,510	13,232,440	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,462,090	779,727	14,682,363	0	0	55.00
56.00	05600	RADIOISOTOPE	2,850,188	302,633	2,547,555	0	0	56.00
57.00	05700	CT SCAN	7,842,796	1,944,818	5,897,978	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,915,562	1,866,069	4,049,493	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,342,512	2,497,013	16,845,499	0	0	59.00
60.00	06000	LABORATORY	47,735,115	3,501,119	44,233,996	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,020,864	143,682	4,877,182	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,150,083	142,591	3,007,492	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,166,343	719,183	7,447,160	0	0	65.00
65.01	06501	PULMONARY REHAB	346,436	48,541	297,895	0	0	65.01
66.00	06600	PHYSICAL THERAPY	12,137,982	511,740	11,626,242	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,537,386	980,042	5,557,344	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,003,719	264,531	9,739,188	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,218,237	931,107	34,287,130	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,170,734	2,715,434	102,455,300	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,202,758	70,082	2,132,676	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,049,872	167,437	882,435	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,804,085	340,999	3,463,086	0	0	90.00
90.01	09001	FAMILY PRACTICE	1,840,944	178,997	1,661,947	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,440,806	44,241	1,396,565	0	0	90.02
90.03	09003	CHEMO	3,117,215	469,446	2,647,769	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,454,914	54,865	1,400,049	0	0	90.04
90.05	09005	PAIN MANAGEMENT	4,680,126	416,829	4,263,297	0	0	90.05
90.06	09006	WOUND CARE	2,795,758	177,792	2,617,966	0	0	90.06
90.07	09007	SLEEP CENTER	3,433,068	247,905	3,185,163	0	0	90.07
90.08	09008	HEMATOLOGY	1,107,510	117,861	989,649	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	919,286	211,362	707,924	0	0	90.09
90.10	09010	DIABETES CENTER	382,510	11,184	371,326	0	0	90.10
91.00	09100	EMERGENCY	31,681,521	2,270,768	29,410,753	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,994,333	1,059,739	7,934,594	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,787,378	1,083,837	7,703,541	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	12,181,676	686,149	11,495,527	0	0	96.00
200.00		Subtotal (sum of lines 50 thru 199)	495,256,293	39,316,054	455,940,239	0	0	200.00
201.00		Less Observation Beds	8,994,333	1,059,739	7,934,594	0	0	201.00
202.00		Total (line 200 minus line 201)	486,261,960	38,256,315	448,005,645	0	0	202.00

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

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet C
Part II
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	104,914,536	467,325,013	0.224500		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,567,950	105,455,886	0.147625		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,462,090	93,489,761	0.165388		55.00
56.00	05600 RADIOISOTOPE	2,850,188	33,032,960	0.086283		56.00
57.00	05700 CT SCAN	7,842,796	171,271,310	0.045792		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,915,562	53,065,538	0.111477		58.00
59.00	05900 CARDIAC CATHETERIZATION	19,342,512	137,562,163	0.140609		59.00
60.00	06000 LABORATORY	47,735,115	243,047,618	0.196402		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5,020,864	21,617,714	0.232257		63.00
64.00	06400 INTRAVENOUS THERAPY	3,150,083	8,153,358	0.386354		64.00
65.00	06500 RESPIRATORY THERAPY	8,166,343	81,289,580	0.100460		65.00
65.01	06501 PULMONARY REHAB	346,436	422,230	0.820491		65.01
66.00	06600 PHYSICAL THERAPY	12,137,982	80,690,485	0.150426		66.00
69.00	06900 ELECTROCARDIOLOGY	6,537,386	69,905,177	0.093518		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,003,719	33,838,723	0.295629		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	35,218,237	102,757,866	0.342730		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	105,170,734	407,193,196	0.258282		73.00
74.00	07400 RENAL DIALYSIS	2,202,758	11,696,904	0.188320		74.00
76.97	07697 CARDIAC REHABILITATION	1,049,872	3,717,823	0.282389		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,804,085	4,280,598	0.888681		90.00
90.01	09001 FAMILY PRACTICE	1,840,944	2,839,237	0.648394		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,440,806	6,121,938	0.235351		90.02
90.03	09003 CHEMO	3,117,215	27,953,228	0.111515		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,454,914	941,467	1.545369		90.04
90.05	09005 PAIN MANAGEMENT	4,680,126	29,302,552	0.159717		90.05
90.06	09006 WOUND CARE	2,795,758	15,773,059	0.177249		90.06
90.07	09007 SLEEP CENTER	3,433,068	8,303,983	0.413424		90.07
90.08	09008 HEMATOLOGY	1,107,510	1,972,207	0.561559		90.08
90.09	09009 MULTI-SPECIALTY SERVICES	919,286	1,253,786	0.733208		90.09
90.10	09010 DIABETES CENTER	382,510	608,816	0.628285		90.10
91.00	09100 EMERGENCY	31,681,521	249,256,691	0.127104		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,994,333	18,132,059	0.496046		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	8,787,378	16,223,262	0.541653		92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	12,181,676	35,363,773	0.344468		96.00
200.00	Subtotal (sum of lines 50 thru 199)	495,256,293	2,543,859,961			200.00
201.00	Less Observation Beds	8,994,333	0			201.00
202.00	Total (line 200 minus line 201)	486,261,960	2,543,859,961			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part I Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,437,172	0	13,437,172	120,660	111.36	30.00	
31.00	INTENSIVE CARE UNIT	2,317,150		2,317,150	17,364	133.45	31.00	
32.00	CORONARY CARE UNIT	418,135		418,135	4,351	96.10	32.00	
40.00	SUBPROVIDER - IPF	104,493	0	104,493	1,635	63.91	40.00	
200.00	Total (lines 30 through 199)	16,276,950		16,276,950	144,010		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	44,298	4,933,025					30.00
31.00	INTENSIVE CARE UNIT	6,522	870,361					31.00
32.00	CORONARY CARE UNIT	1,772	170,289					32.00
40.00	SUBPROVIDER - IPF	625	39,944					40.00
200.00	Total (lines 30 through 199)	53,217	6,013,619					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Prepared: 4/28/2021 10:06 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)	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	12,022,821	467,325,013	0.025727	74,329,090	1,912,264	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,335,510	105,455,886	0.022147	10,676,192	236,446	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	779,727	93,489,761	0.008340	5,930,679	49,462	55.00
56.00	05600 RADIOISOTOPE	302,633	33,032,960	0.009162	2,289,912	20,980	56.00
57.00	05700 CT SCAN	1,944,818	171,271,310	0.011355	19,460,190	220,970	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,866,069	53,065,538	0.035165	3,984,668	140,121	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,497,013	137,562,163	0.018152	32,971,814	598,504	59.00
60.00	06000 LABORATORY	3,501,119	243,047,618	0.014405	29,004,261	417,806	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	143,682	21,617,714	0.006646	6,595,237	43,832	63.00
64.00	06400 INTRAVENOUS THERAPY	142,591	8,153,358	0.017489	3,029,942	52,991	64.00
65.00	06500 RESPIRATORY THERAPY	719,183	81,289,580	0.008847	32,100,274	283,991	65.00
65.01	06501 PULMONARY REHAB	48,541	422,230	0.114963	0	0	65.01
66.00	06600 PHYSICAL THERAPY	511,740	80,690,485	0.006342	22,451,930	142,390	66.00
69.00	06900 ELECTROCARDIOLOGY	980,042	69,905,177	0.014020	11,166,468	156,554	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264,531	33,838,723	0.007817	7,770,383	60,741	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	931,107	102,757,866	0.009061	29,865,856	270,615	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,715,434	407,193,196	0.006669	64,101,029	427,490	73.00
74.00	07400 RENAL DIALYSIS	70,082	11,696,904	0.005991	4,883,076	29,255	74.00
76.97	07697 CARDIAC REHABILITATION	167,437	3,717,823	0.045036	865	39	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	340,999	4,280,598	0.079662	5,805	462	90.00
90.01	09001 FAMILY PRACTICE	178,997	2,839,237	0.063044	1,051	66	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	44,241	6,121,938	0.007227	0	0	90.02
90.03	09003 CHEMO	469,446	27,953,228	0.016794	58,381	980	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	54,865	941,467	0.058276	590	34	90.04
90.05	09005 PAIN MANAGEMENT	416,829	29,302,552	0.014225	230	3	90.05
90.06	09006 WOUND CARE	177,792	15,773,059	0.011272	251,962	2,840	90.06
90.07	09007 SLEEP CENTER	247,905	8,303,983	0.029854	5,003	149	90.07
90.08	09008 HEMATOLOGY	117,861	1,972,207	0.059761	3,629	217	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	211,362	1,253,786	0.168579	115	19	90.09
90.10	09010 DIABETES CENTER	11,184	608,816	0.018370	0	0	90.10
91.00	09100 EMERGENCY	2,270,768	249,256,691	0.009110	33,948,492	309,271	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,059,739	18,132,059	0.058446	395,736	23,129	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,083,837	16,223,262	0.066808	3,368,905	225,070	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	686,149	35,363,773	0.019403	0	0	96.00
200.00	Total (lines 50 through 199)	39,316,054	2,543,859,961		398,651,765	5,626,691	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part III Date/Time Prepared: 4/28/2021 10:06 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		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,132,870	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	344,702	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	63,964	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,541,536	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	1,132,870	120,660	9.39	44,298	30.00	
31.00	03100	INTENSIVE CARE UNIT		344,702	17,364	19.85	6,522	31.00	
32.00	03200	CORONARY CARE UNIT		63,964	4,351	14.70	1,772	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,635	0.00	625	40.00	
200.00		Total (lines 30 through 199)		1,541,536	144,010		53,217	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	415,958						30.00
31.00	03100	INTENSIVE CARE UNIT	129,462						31.00
32.00	03200	CORONARY CARE UNIT	26,048						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	571,468						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description	Title XVIII				Hospital	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	15,385	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	6,933	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	6,791	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 PULMONARY REHAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	285	69.00
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	446,111	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	1,330	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	237	90.05
90.06 09006 WOUND CARE	0	0	0	0	2,897	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	0	0	0	0	81,961	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	89,341	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	59,880	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50 through 199)	0	0	0	0	711,151	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	15,385	15,385	467,325,013	0.000033	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	105,455,886	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	93,489,761	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	33,032,960	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	171,271,310	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	53,065,538	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,933	6,933	137,562,163	0.000050	59.00
60.00 06000 LABORATORY	0	0	0	243,047,618	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	21,617,714	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	6,791	6,791	8,153,358	0.000833	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	81,289,580	0.000000	65.00
65.01 06501 PULMONARY REHAB	0	0	0	422,230	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	80,690,485	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	285	285	69,905,177	0.000004	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,838,723	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,757,866	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	446,111	446,111	407,193,196	0.001096	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	11,696,904	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,717,823	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,280,598	0.000000	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	2,839,237	0.000000	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	6,121,938	0.000000	90.02
90.03 09003 CHEMO	0	1,330	1,330	27,953,228	0.000048	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	941,467	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	237	237	29,302,552	0.000008	90.05
90.06 09006 WOUND CARE	0	2,897	2,897	15,773,059	0.000184	90.06
90.07 09007 SLEEP CENTER	0	0	0	8,303,983	0.000000	90.07
90.08 09008 HEMATOLOGY	0	0	0	1,972,207	0.000000	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	1,253,786	0.000000	90.09
90.10 09010 DIABETES CENTER	0	0	0	608,816	0.000000	90.10
91.00 09100 EMERGENCY	0	81,961	81,961	249,256,691	0.000329	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	89,341	89,341	18,132,059	0.004927	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	59,880	59,880	16,223,262	0.003691	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	35,363,773	0.000000	96.00
200.00 Total (lines 50 through 199)	0	711,151	711,151	2,543,859,961		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000033	74,329,090	2,453	49,520,940	1,634	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	10,676,192	0	17,999,150	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	5,930,679	0	34,667,891	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	2,289,912	0	8,282,983	0	56.00
57.00	05700 CT SCAN	0.000000	19,460,190	0	33,250,284	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,984,668	0	10,007,015	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000050	32,971,814	1,649	25,306,078	1,265	59.00
60.00	06000 LABORATORY	0.000000	29,004,261	0	13,979,056	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	6,595,237	0	1,288,835	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000833	3,029,942	2,524	25,748	21	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	32,100,274	0	1,937,964	0	65.00
65.01	06501 PULMONARY REHAB	0.000000	0	0	223,502	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	22,451,930	0	351,281	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000004	11,166,468	45	16,594,280	66	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,770,383	0	3,651,252	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	29,865,856	0	12,373,744	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001096	64,101,029	70,255	92,010,528	100,844	73.00
74.00	07400 RENAL DIALYSIS	0.000000	4,883,076	0	351,206	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	865	0	1,786,342	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	5,805	0	1,745,939	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	1,051	0	148,739	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	160,698	0	90.02
90.03	09003 CHEMO	0.000048	58,381	3	10,723,054	515	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	590	0	588,606	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000008	230	0	11,721,536	94	90.05
90.06	09006 WOUND CARE	0.000184	251,962	46	7,573,779	1,394	90.06
90.07	09007 SLEEP CENTER	0.000000	5,003	0	2,441,771	0	90.07
90.08	09008 HEMATOLOGY	0.000000	3,629	0	741,883	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	115	0	198,012	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	69,123	0	90.10
91.00	09100 EMERGENCY	0.000329	33,948,492	11,169	29,195,892	9,605	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004927	395,736	1,950	745,515	3,673	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.003691	3,368,905	12,435	2,168,788	8,005	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		398,651,765	102,529	391,831,414	127,116	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 4/28/2021 10:06 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	0.224500	49,520,940	0	6	11,117,451	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.147625	17,999,150	2	3,423	2,657,125	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.165388	34,667,891	1	1,141	5,733,653	55.00
56.00 05600 RADIOISOTOPE	0.086283	8,282,983	0	0	714,681	56.00
57.00 05700 CT SCAN	0.045792	33,250,284	3	3,651	1,522,597	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.111477	10,007,015	1	1,141	1,115,552	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.140609	25,306,078	0	231	3,558,262	59.00
60.00 06000 LABORATORY	0.196402	13,979,056	0	0	2,745,515	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.232257	1,288,835	0	0	299,341	63.00
64.00 06400 INTRAVENOUS THERAPY	0.386354	25,748	0	0	9,948	64.00
65.00 06500 RESPIRATORY THERAPY	0.100460	1,937,964	0	0	194,688	65.00
65.01 06501 PULMONARY REHAB	0.820491	223,502	0	0	183,381	65.01
66.00 06600 PHYSICAL THERAPY	0.150426	351,281	81	0	52,842	66.00
69.00 06900 ELECTROCARDIOLOGY	0.093518	16,594,280	1	1,369	1,551,864	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629	3,651,252	0	0	1,079,416	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.342730	12,373,744	0	0	4,240,853	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.258282	92,010,528	147	212,200	23,764,663	73.00
74.00 07400 RENAL DIALYSIS	0.188320	351,206	0	0	66,139	74.00
76.97 07697 CARDIAC REHABILITATION	0.282389	1,786,342	0	0	504,443	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.888681	1,745,939	0	0	1,551,583	90.00
90.01 09001 FAMILY PRACTICE	0.648394	148,739	0	34	96,441	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0.235351	160,698	0	0	37,820	90.02
90.03 09003 CHEMO	0.111515	10,723,054	0	1	1,195,781	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	1.545369	588,606	0	351	909,613	90.04
90.05 09005 PAIN MANAGEMENT	0.159717	11,721,536	0	0	1,872,129	90.05
90.06 09006 WOUND CARE	0.177249	7,573,779	3	4,792	1,342,445	90.06
90.07 09007 SLEEP CENTER	0.413424	2,441,771	0	0	1,009,487	90.07
90.08 09008 HEMATOLOGY	0.561559	741,883	0	0	416,611	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0.733208	198,012	0	0	145,184	90.09
90.10 09010 DIABETES CENTER	0.628285	69,123	0	0	43,429	90.10
91.00 09100 EMERGENCY	0.127104	29,195,892	0	57	3,710,915	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.496046	745,515	0	20	369,810	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.541653	2,168,788	0	17	1,174,731	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.344468	0	0	0	0	96.00
200.00	Subtotal (see instructions)	391,831,414	239	228,434	74,988,393	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 - line 201)	391,831,414	239	228,434	74,988,393	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 4/28/2021 10:06 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	1		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	505		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	189		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	167		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	127		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	32		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 PULMONARY REHAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	12	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	128		69.00
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	38	54,807		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICE	0	22		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03 09003 CHEMO	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	542		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
90.06 09006 WOUND CARE	1	849		90.06
90.07 09007 SLEEP CENTER	0	0		90.07
90.08 09008 HEMATOLOGY	0	0		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0		90.09
90.10 09010 DIABETES CENTER	0	0		90.10
91.00 09100 EMERGENCY	0	7		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	9		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00	Subtotal (see instructions)	51	57,395	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	51	57,395	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part II Date/Time Prepared: 4/28/2021 10:06 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,022,821	467,325,013	0.025727	3,029	78	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,335,510	105,455,886	0.022147	4,384	97	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	779,727	93,489,761	0.008340	0	0	55.00
56.00	05600	RADIOISOTOPE	302,633	33,032,960	0.009162	0	0	56.00
57.00	05700	CT SCAN	1,944,818	171,271,310	0.011355	15,278	173	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,866,069	53,065,538	0.035165	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,497,013	137,562,163	0.018152	0	0	59.00
60.00	06000	LABORATORY	3,501,119	243,047,618	0.014405	41,123	592	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	143,682	21,617,714	0.006646	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	142,591	8,153,358	0.017489	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	719,183	81,289,580	0.008847	0	0	65.00
65.01	06501	PULMONARY REHAB	48,541	422,230	0.114963	0	0	65.01
66.00	06600	PHYSICAL THERAPY	511,740	80,690,485	0.006342	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	980,042	69,905,177	0.014020	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,531	33,838,723	0.007817	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	931,107	102,757,866	0.009061	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,715,434	407,193,196	0.006669	106,961	713	73.00
74.00	07400	RENAL DIALYSIS	70,082	11,696,904	0.005991	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	167,437	3,717,823	0.045036	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	340,999	4,280,598	0.079662	0	0	90.00
90.01	09001	FAMILY PRACTICE	178,997	2,839,237	0.063044	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	44,241	6,121,938	0.007227	0	0	90.02
90.03	09003	CHEMO	469,446	27,953,228	0.016794	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	54,865	941,467	0.058276	0	0	90.04
90.05	09005	PAIN MANAGEMENT	416,829	29,302,552	0.014225	0	0	90.05
90.06	09006	WOUND CARE	177,792	15,773,059	0.011272	0	0	90.06
90.07	09007	SLEEP CENTER	247,905	8,303,983	0.029854	0	0	90.07
90.08	09008	HEMATOLOGY	117,861	1,972,207	0.059761	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	211,362	1,253,786	0.168579	0	0	90.09
90.10	09010	DIABETES CENTER	11,184	608,816	0.018370	0	0	90.10
91.00	09100	EMERGENCY	2,270,768	249,256,691	0.009110	96,301	877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,132,059	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,083,837	16,223,262	0.066808	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	686,149	35,363,773	0.019403	0	0	96.00
200.00		Total (lines 50 through 199)	38,256,315	2,543,859,961		267,076	2,530	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	15,385	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	6,933	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	6,791	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	285	69.00
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	446,111	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	1,330	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	237	90.05
90.06	09006 WOUND CARE	0	0	0	0	2,897	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10	09010 DIABETES CENTER	0	0	0	0	0	90.10
91.00	09100 EMERGENCY	0	0	0	0	81,961	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	59,880	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	0	0	621,810	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm			
Title XVIII			Subprovider - IPF	PPS			
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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	15,385	15,385	467,325,013	0.000033	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	105,455,886	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	93,489,761	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	33,032,960	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	171,271,310	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	53,065,538	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,933	6,933	137,562,163	0.000050	59.00
60.00	06000 LABORATORY	0	0	0	243,047,618	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	21,617,714	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,791	6,791	8,153,358	0.000833	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	81,289,580	0.000000	65.00
65.01	06501 PULMONARY REHAB	0	0	0	422,230	0.000000	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	80,690,485	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	285	285	69,905,177	0.000004	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,838,723	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,757,866	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	446,111	446,111	407,193,196	0.001096	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	11,696,904	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	3,717,823	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	4,280,598	0.000000	90.00
90.01	09001 FAMILY PRACTICE	0	0	0	2,839,237	0.000000	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	6,121,938	0.000000	90.02
90.03	09003 CHEMO	0	1,330	1,330	27,953,228	0.000048	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	941,467	0.000000	90.04
90.05	09005 PAIN MANAGEMENT	0	237	237	29,302,552	0.000008	90.05
90.06	09006 WOUND CARE	0	2,897	2,897	15,773,059	0.000184	90.06
90.07	09007 SLEEP CENTER	0	0	0	8,303,983	0.000000	90.07
90.08	09008 HEMATOLOGY	0	0	0	1,972,207	0.000000	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	0	1,253,786	0.000000	90.09
90.10	09010 DIABETES CENTER	0	0	0	608,816	0.000000	90.10
91.00	09100 EMERGENCY	0	81,961	81,961	249,256,691	0.000329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,132,059	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	59,880	59,880	16,223,262	0.003691	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	35,363,773	0.000000	96.00
200.00	Total (lines 50 through 199)	0	621,810	621,810	2,543,859,961		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000033	3,029	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,384	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	15,278	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000050	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	41,123	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000833	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000004	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001096	106,961	117	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000048	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000008	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000184	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	0	0	0	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.000329	96,301	32	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.003691	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		267,076	149	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet D
Part I
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,437,172	0	13,437,172	120,660	111.36	30.00	
31.00	INTENSIVE CARE UNIT	2,317,150		2,317,150	17,364	133.45	31.00	
32.00	CORONARY CARE UNIT	418,135		418,135	4,351	96.10	32.00	
40.00	SUBPROVIDER - IPF	104,493	0	104,493	1,635	63.91	40.00	
200.00	Total (lines 30 through 199)	16,276,950		16,276,950	144,010		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	5,473	609,473					30.00
31.00	INTENSIVE CARE UNIT	856	114,233					31.00
32.00	CORONARY CARE UNIT	201	19,316					32.00
40.00	SUBPROVIDER - IPF	146	9,331					40.00
200.00	Total (lines 30 through 199)	6,676	752,353					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,022,821	467,325,013	0.025727	4,042,949	104,013	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,335,510	105,455,886	0.022147	762,741	16,892	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	779,727	93,489,761	0.008340	340,699	2,841	55.00
56.00	05600	RADIOISOTOPE	302,633	33,032,960	0.009162	118,804	1,088	56.00
57.00	05700	CT SCAN	1,944,818	171,271,310	0.011355	1,398,579	15,881	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,866,069	53,065,538	0.035165	327,237	11,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,497,013	137,562,163	0.018152	1,386,389	25,166	59.00
60.00	06000	LABORATORY	3,501,119	243,047,618	0.014405	2,367,453	34,103	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	143,682	21,617,714	0.006646	405,063	2,692	63.00
64.00	06400	INTRAVENOUS THERAPY	142,591	8,153,358	0.017489	309,542	5,414	64.00
65.00	06500	RESPIRATORY THERAPY	719,183	81,289,580	0.008847	2,341,192	20,713	65.00
65.01	06501	PULMONARY REHAB	48,541	422,230	0.114963	0	0	65.01
66.00	06600	PHYSICAL THERAPY	511,740	80,690,485	0.006342	1,286,570	8,159	66.00
69.00	06900	ELECTROCARDIOLOGY	980,042	69,905,177	0.014020	528,210	7,406	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,531	33,838,723	0.007817	428,711	3,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	931,107	102,757,866	0.009061	928,628	8,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,715,434	407,193,196	0.006669	5,697,601	37,997	73.00
74.00	07400	RENAL DIALYSIS	70,082	11,696,904	0.005991	339,496	2,034	74.00
76.97	07697	CARDIAC REHABILITATION	167,437	3,717,823	0.045036	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	340,999	4,280,598	0.079662	0	0	90.00
90.01	09001	FAMILY PRACTICE	178,997	2,839,237	0.063044	427	27	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	44,241	6,121,938	0.007227	0	0	90.02
90.03	09003	CHEMO	469,446	27,953,228	0.016794	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	54,865	941,467	0.058276	0	0	90.04
90.05	09005	PAIN MANAGEMENT	416,829	29,302,552	0.014225	0	0	90.05
90.06	09006	WOUND CARE	177,792	15,773,059	0.011272	128,435	1,448	90.06
90.07	09007	SLEEP CENTER	247,905	8,303,983	0.029854	0	0	90.07
90.08	09008	HEMATOLOGY	117,861	1,972,207	0.059761	125	7	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	211,362	1,253,786	0.168579	125	21	90.09
90.10	09010	DIABETES CENTER	11,184	608,816	0.018370	0	0	90.10
91.00	09100	EMERGENCY	2,270,768	249,256,691	0.009110	2,947,485	26,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,059,739	18,132,059	0.058446	130,411	7,622	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,083,837	16,223,262	0.066808	117,236	7,832	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	686,149	35,363,773	0.019403	0	0	96.00
200.00		Total (lines 50 through 199)	39,316,054	2,543,859,961		26,334,108	351,480	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part III Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description			Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,132,870	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	344,702	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	63,964	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,541,536	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	1,132,870	120,660	9.39	5,473	30.00	
31.00	03100	INTENSIVE CARE UNIT		344,702	17,364	19.85	856	31.00	
32.00	03200	CORONARY CARE UNIT		63,964	4,351	14.70	201	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,635	0.00	146	40.00	
200.00		Total (lines 30 through 199)		1,541,536	144,010		6,676	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	51,391						30.00
31.00	03100	INTENSIVE CARE UNIT	16,992						31.00
32.00	03200	CORONARY CARE UNIT	2,955						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	71,338						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 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	15,385	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	6,933	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	6,791	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 PULMONARY REHAB	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	285	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	446,111	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	1,330	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	237	0	90.05
90.06 09006 WOUND CARE	0	0	0	0	2,897	0	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	0	90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	0	0	0	0	81,961	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	89,341	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	59,880	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00 Total (lines 50 through 199)	0	0	0	0	711,151	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	15,385	15,385	467,325,013	0.000033	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	105,455,886	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	93,489,761	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	33,032,960	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	171,271,310	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	53,065,538	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,933	6,933	137,562,163	0.000050	59.00
60.00 06000 LABORATORY	0	0	0	243,047,618	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	21,617,714	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	6,791	6,791	8,153,358	0.000833	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	81,289,580	0.000000	65.00
65.01 06501 PULMONARY REHAB	0	0	0	422,230	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	80,690,485	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	285	285	69,905,177	0.000004	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,838,723	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,757,866	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	446,111	446,111	407,193,196	0.001096	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	11,696,904	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,717,823	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,280,598	0.000000	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	2,839,237	0.000000	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	6,121,938	0.000000	90.02
90.03 09003 CHEMO	0	1,330	1,330	27,953,228	0.000048	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	941,467	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	237	237	29,302,552	0.000008	90.05
90.06 09006 WOUND CARE	0	2,897	2,897	15,773,059	0.000184	90.06
90.07 09007 SLEEP CENTER	0	0	0	8,303,983	0.000000	90.07
90.08 09008 HEMATOLOGY	0	0	0	1,972,207	0.000000	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	1,253,786	0.000000	90.09
90.10 09010 DIABETES CENTER	0	0	0	608,816	0.000000	90.10
91.00 09100 EMERGENCY	0	81,961	81,961	249,256,691	0.000329	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	89,341	89,341	18,132,059	0.004927	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	59,880	59,880	16,223,262	0.003691	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	35,363,773	0.000000	96.00
200.00 Total (lines 50 through 199)	0	711,151	711,151	2,543,859,961		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000033	4,042,949	133	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	762,741	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	340,699	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	118,804	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,398,579	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	327,237	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000050	1,386,389	69	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,367,453	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	405,063	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000833	309,542	258	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,341,192	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,286,570	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000004	528,210	2	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	428,711	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	928,628	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001096	5,697,601	6,245	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	339,496	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	427	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000048	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000008	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000184	128,435	24	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	125	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	125	0	0	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.000329	2,947,485	970	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004927	130,411	643	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.003691	117,236	433	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		26,334,108	8,777	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet D
Part V
Date/Time Prepared:
4/28/2021 10:06 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.224500	0	0	2,685,076	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147625	0	0	1,514,770	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165388	0	0	1,410,241	0	55.00
56.00	05600	RADIOISOTOPE	0.086283	0	0	174,149	0	56.00
57.00	05700	CT SCAN	0.045792	0	0	2,371,416	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.111477	0	0	461,595	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140609	0	0	316,102	0	59.00
60.00	06000	LABORATORY	0.196402	0	0	2,997,519	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232257	0	0	116,039	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.386354	0	0	22,341	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100460	0	0	142,401	0	65.00
65.01	06501	PULMONARY REHAB	0.820491	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.150426	0	0	133,724	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093518	0	0	281,589	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629	0	0	172,260	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.342730	0	0	337,187	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258282	0	0	1,691,996	0	73.00
74.00	07400	RENAL DIALYSIS	0.188320	0	0	33,460	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.282389	0	0	13,834	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.888681	0	0	19,386	0	90.00
90.01	09001	FAMILY PRACTICE	0.648394	0	0	148,605	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.235351	0	0	34,398	0	90.02
90.03	09003	CHEMO	0.111515	0	0	197,394	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.545369	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.159717	0	0	157,381	0	90.05
90.06	09006	WOUND CARE	0.177249	0	0	130,596	0	90.06
90.07	09007	SLEEP CENTER	0.413424	0	0	91,195	0	90.07
90.08	09008	HEMATOLOGY	0.561559	0	0	17,035	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.733208	0	0	13,527	0	90.09
90.10	09010	DIABETES CENTER	0.628285	0	0	3,500	0	90.10
91.00	09100	EMERGENCY	0.127104	0	0	6,899,766	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.496046	0	0	494,705	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.541653	0	0	308,823	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.344468	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	23,392,010	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	23,392,010	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part V Date/Time Prepared: 4/28/2021 10:06 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	602,800		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	223,618		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	233,237		55.00
56.00 05600 RADIOISOTOPE	0	15,026		56.00
57.00 05700 CT SCAN	0	108,592		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	51,457		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	44,447		59.00
60.00 06000 LABORATORY	0	588,719		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	26,951		63.00
64.00 06400 INTRAVENOUS THERAPY	0	8,632		64.00
65.00 06500 RESPIRATORY THERAPY	0	14,306		65.00
65.01 06501 PULMONARY REHAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	20,116		66.00
69.00 06900 ELECTROCARDIOLOGY	0	26,334		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,925		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	115,564		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	437,012		73.00
74.00 07400 RENAL DIALYSIS	0	6,301		74.00
76.97 07697 CARDIAC REHABILITATION	0	3,907		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	17,228		90.00
90.01 09001 FAMILY PRACTICE	0	96,355		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	8,096		90.02
90.03 09003 CHEMO	0	22,012		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	25,136		90.05
90.06 09006 WOUND CARE	0	23,148		90.06
90.07 09007 SLEEP CENTER	0	37,702		90.07
90.08 09008 HEMATOLOGY	0	9,566		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	9,918		90.09
90.10 09010 DIABETES CENTER	0	2,199		90.10
91.00 09100 EMERGENCY	0	876,988		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	245,396		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	167,275		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	4,118,963	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00		Net Charges (line 200 - line 201)	4,118,963	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part II Date/Time Prepared: 4/28/2021 10:06 pm	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,022,821	467,325,013	0.025727	0	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,335,510	105,455,886	0.022147	649	14 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	779,727	93,489,761	0.008340	0	0 55.00
56.00	05600	RADIOISOTOPE	302,633	33,032,960	0.009162	0	0 56.00
57.00	05700	CT SCAN	1,944,818	171,271,310	0.011355	1,147	13 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,866,069	53,065,538	0.035165	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,497,013	137,562,163	0.018152	0	0 59.00
60.00	06000	LABORATORY	3,501,119	243,047,618	0.014405	16,624	239 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	143,682	21,617,714	0.006646	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	142,591	8,153,358	0.017489	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	719,183	81,289,580	0.008847	0	0 65.00
65.01	06501	PULMONARY REHAB	48,541	422,230	0.114963	0	0 65.01
66.00	06600	PHYSICAL THERAPY	511,740	80,690,485	0.006342	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	980,042	69,905,177	0.014020	312	4 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,531	33,838,723	0.007817	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	931,107	102,757,866	0.009061	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,715,434	407,193,196	0.006669	25,632	171 73.00
74.00	07400	RENAL DIALYSIS	70,082	11,696,904	0.005991	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	167,437	3,717,823	0.045036	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	340,999	4,280,598	0.079662	0	0 90.00
90.01	09001	FAMILY PRACTICE	178,997	2,839,237	0.063044	0	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	44,241	6,121,938	0.007227	0	0 90.02
90.03	09003	CHEMO	469,446	27,953,228	0.016794	0	0 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	54,865	941,467	0.058276	0	0 90.04
90.05	09005	PAIN MANAGEMENT	416,829	29,302,552	0.014225	0	0 90.05
90.06	09006	WOUND CARE	177,792	15,773,059	0.011272	0	0 90.06
90.07	09007	SLEEP CENTER	247,905	8,303,983	0.029854	0	0 90.07
90.08	09008	HEMATOLOGY	117,861	1,972,207	0.059761	0	0 90.08
90.09	09009	MULTI-SPECIALTY SERVICES	211,362	1,253,786	0.168579	0	0 90.09
90.10	09010	DIABETES CENTER	11,184	608,816	0.018370	0	0 90.10
91.00	09100	EMERGENCY	2,270,768	249,256,691	0.009110	39,612	361 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,132,059	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,083,837	16,223,262	0.066808	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	686,149	35,363,773	0.019403	0	0 96.00
200.00		Total (lines 50 through 199)	38,256,315	2,543,859,961		83,976	802 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	15,385	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	6,933	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	6,791	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	285	69.00
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	446,111	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	1,330	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	237	90.05
90.06	09006 WOUND CARE	0	0	0	0	2,897	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10	09010 DIABETES CENTER	0	0	0	0	0	90.10
91.00	09100 EMERGENCY	0	0	0	0	81,961	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	59,880	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	0	0	621,810	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm			
		Title XIX	Subprovider - IPF	PPS			
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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	15,385	15,385	467,325,013	0.000033	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	105,455,886	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	93,489,761	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	33,032,960	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	171,271,310	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	53,065,538	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,933	6,933	137,562,163	0.000050	59.00
60.00	06000 LABORATORY	0	0	0	243,047,618	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	21,617,714	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,791	6,791	8,153,358	0.000833	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	81,289,580	0.000000	65.00
65.01	06501 PULMONARY REHAB	0	0	0	422,230	0.000000	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	80,690,485	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	285	285	69,905,177	0.000004	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,838,723	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	102,757,866	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	446,111	446,111	407,193,196	0.001096	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	11,696,904	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	3,717,823	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	4,280,598	0.000000	90.00
90.01	09001 FAMILY PRACTICE	0	0	0	2,839,237	0.000000	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	6,121,938	0.000000	90.02
90.03	09003 CHEMO	0	1,330	1,330	27,953,228	0.000048	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	941,467	0.000000	90.04
90.05	09005 PAIN MANAGEMENT	0	237	237	29,302,552	0.000008	90.05
90.06	09006 WOUND CARE	0	2,897	2,897	15,773,059	0.000184	90.06
90.07	09007 SLEEP CENTER	0	0	0	8,303,983	0.000000	90.07
90.08	09008 HEMATOLOGY	0	0	0	1,972,207	0.000000	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0	0	0	1,253,786	0.000000	90.09
90.10	09010 DIABETES CENTER	0	0	0	608,816	0.000000	90.10
91.00	09100 EMERGENCY	0	81,961	81,961	249,256,691	0.000329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,132,059	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	59,880	59,880	16,223,262	0.003691	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	35,363,773	0.000000	96.00
200.00	Total (lines 50 through 199)	0	621,810	621,810	2,543,859,961		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/28/2021 10:06 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000033	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	649	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,147	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000050	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	16,624	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000833	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	06501 PULMONARY REHAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000004	312	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001096	25,632	28	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000048	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000008	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000184	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	0	0	0	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.000329	39,612	13	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.003691	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		83,976	41	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 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)		120,660	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120,660	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)		111,144	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)		44,298	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)		114,045,450	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)		114,045,450	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)		114,045,450	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)		945.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,869,584	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)		41,869,584	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	24,717,699	17,364	1,423.50	6,522	9,284,067	43.00	
44.00	5,881,227	4,351	1,351.70	1,772	2,395,212	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					78,043,554	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					131,592,417	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)					6,545,143	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,729,220	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,274,363	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					119,318,054	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)					9,516	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,994,333	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 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	13,437,172	114,045,450	0.117823	8,994,333	1,059,739	90.00
91.00	Nursing School cost	0	114,045,450	0.000000	8,994,333	0	91.00
92.00	Allied health cost	1,132,870	114,045,450	0.009933	8,994,333	89,341	92.00
93.00	All other Medical Education	0	114,045,450	0.000000	8,994,333	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,635	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,635	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)		1,635	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)		625	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)		1,057,859	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)		1,057,859	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)		1,057,859	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)		647.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		404,381	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)		404,381	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1		
		Component CCN: 15-S082				Date/Time Prepared: 4/28/2021 10:06 pm		
		Title XVIII		Subprovider - IPF		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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					50,077		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					454,458		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)					39,944		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,679		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					42,623		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					411,835		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	104,493	1,057,859	0.098778	0	0	90.00
91.00	Nursing School cost	0	1,057,859	0.000000	0	0	91.00
92.00	Allied health cost	0	1,057,859	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,057,859	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 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)		120,660	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120,660	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)		111,144	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)		5,473	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)		114,045,450	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)		114,045,450	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)		114,045,450	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)		945.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,172,970	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)		5,172,970	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	24,717,699	17,364	1,423.50	856	1,218,516	43.00
44.00	5,881,227	4,351	1,351.70	201	271,692	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				5,057,137	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				11,720,315	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)				814,360	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				360,257	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,174,617	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				10,545,698	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)				9,516	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				945.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				8,994,333	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 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	13,437,172	114,045,450	0.117823	8,994,333	1,059,739	90.00
91.00	Nursing School cost	0	114,045,450	0.000000	8,994,333	0	91.00
92.00	Allied health cost	1,132,870	114,045,450	0.009933	8,994,333	89,341	92.00
93.00	All other Medical Education	0	114,045,450	0.000000	8,994,333	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,635 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,635 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)			1,635 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)			146 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)			1,057,859 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)			1,057,859 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)			1,057,859 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)			647.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			94,463 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)			94,463 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1		
		Component CCN: 15-S082				Date/Time Prepared: 4/28/2021 10:06 pm		
		Title XIX		Subprovider - IPF		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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	43.00	
44.00	CORONARY CARE UNIT		0	0	0.00	0	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,136		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					109,599		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)					9,331		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					843		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,174		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					99,425		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/28/2021 10:06 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	104,493	1,057,859	0.098778	0	0	90.00
91.00	Nursing School cost	0	1,057,859	0.000000	0	0	91.00
92.00	Allied health cost	0	1,057,859	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,057,859	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/28/2021 10:06 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		67,240,418	30.00
31.00	03100	INTENSIVE CARE UNIT		25,451,344	31.00
32.00	03200	CORONARY CARE UNIT		7,361,724	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.225870	74,329,090	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150688	10,676,192	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165388	5,930,679	55.00
56.00	05600	RADIOISOTOPE	0.086283	2,289,912	56.00
57.00	05700	CT SCAN	0.045792	19,460,190	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.111477	3,984,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140625	32,971,814	59.00
60.00	06000	LABORATORY	0.197067	29,004,261	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232257	6,595,237	63.00
64.00	06400	INTRAVENOUS THERAPY	0.386354	3,029,942	64.00
65.00	06500	RESPIRATORY THERAPY	0.100473	32,100,274	65.00
65.01	06501	PULMONARY REHAB	0.820683	0	65.01
66.00	06600	PHYSICAL THERAPY	0.150426	22,451,930	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093518	11,166,468	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629	7,770,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.342730	29,865,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258282	64,101,029	73.00
74.00	07400	RENAL DIALYSIS	0.188623	4,883,076	74.00
76.97	07697	CARDIAC REHABILITATION	0.282389	865	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.895819	5,805	90.00
90.01	09001	FAMILY PRACTICE	0.648394	1,051	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.235351	0	90.02
90.03	09003	CHEMO	0.111515	58,381	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.545369	590	90.04
90.05	09005	PAIN MANAGEMENT	0.159717	230	90.05
90.06	09006	WOUND CARE	0.177249	251,962	90.06
90.07	09007	SLEEP CENTER	0.413424	5,003	90.07
90.08	09008	HEMATOLOGY	0.561559	3,629	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.733208	115	90.09
90.10	09010	DIABETES CENTER	0.628285	0	90.10
91.00	09100	EMERGENCY	0.127747	33,948,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.496046	395,736	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.541653	3,368,905	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.344468	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		398,651,765	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		398,651,765	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/28/2021 10:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		1,581,025	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.225870	3,029	684 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150688	4,384	661 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.165388	0	0 55.00
56.00	05600 RADIOISOTOPE	0.086283	0	0 56.00
57.00	05700 CT SCAN	0.045792	15,278	700 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.111477	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140625	0	0 59.00
60.00	06000 LABORATORY	0.197067	41,123	8,104 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.232257	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.386354	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.100473	0	0 65.00
65.01	06501 PULMONARY REHAB	0.820683	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.150426	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.093518	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.342730	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.258282	106,961	27,626 73.00
74.00	07400 RENAL DIALYSIS	0.188623	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.282389	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.895819	0	0 90.00
90.01	09001 FAMILY PRACTICE	0.648394	0	0 90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.235351	0	0 90.02
90.03	09003 CHEMO	0.111515	0	0 90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.545369	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.159717	0	0 90.05
90.06	09006 WOUND CARE	0.177249	0	0 90.06
90.07	09007 SLEEP CENTER	0.413424	0	0 90.07
90.08	09008 HEMATOLOGY	0.561559	0	0 90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.733208	0	0 90.09
90.10	09010 DIABETES CENTER	0.628285	0	0 90.10
91.00	09100 EMERGENCY	0.127747	96,301	12,302 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.496046	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.541653	0	0 92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.344468	0	0 96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		267,076	50,077 200.00
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)		267,076	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/28/2021 10:06 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,021,216	30.00
31.00	03100	INTENSIVE CARE UNIT		2,226,755	31.00
32.00	03200	CORONARY CARE UNIT		793,711	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.225870	4,042,949	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150688	762,741	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165388	340,699	55.00
56.00	05600	RADIOISOTOPE	0.086283	118,804	56.00
57.00	05700	CT SCAN	0.045792	1,398,579	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.111477	327,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140625	1,386,389	59.00
60.00	06000	LABORATORY	0.197067	2,367,453	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232257	405,063	63.00
64.00	06400	INTRAVENOUS THERAPY	0.386354	309,542	64.00
65.00	06500	RESPIRATORY THERAPY	0.100473	2,341,192	65.00
65.01	06501	PULMONARY REHAB	0.820683	0	65.01
66.00	06600	PHYSICAL THERAPY	0.150426	1,286,570	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093518	528,210	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629	428,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.342730	928,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.258282	5,697,601	73.00
74.00	07400	RENAL DIALYSIS	0.188623	339,496	74.00
76.97	07697	CARDIAC REHABILITATION	0.282389	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.895819	0	90.00
90.01	09001	FAMILY PRACTICE	0.648394	427	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.235351	0	90.02
90.03	09003	CHEMO	0.111515	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.545369	0	90.04
90.05	09005	PAIN MANAGEMENT	0.159717	0	90.05
90.06	09006	WOUND CARE	0.177249	128,435	90.06
90.07	09007	SLEEP CENTER	0.413424	0	90.07
90.08	09008	HEMATOLOGY	0.561559	125	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.733208	125	90.09
90.10	09010	DIABETES CENTER	0.628285	0	90.10
91.00	09100	EMERGENCY	0.127747	2,947,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.496046	130,411	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.541653	117,236	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.344468	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,334,108	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		26,334,108	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/28/2021 10:06 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		372,715	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.225870	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150688	649	98 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.165388	0	0 55.00
56.00	05600 RADIOISOTOPE	0.086283	0	0 56.00
57.00	05700 CT SCAN	0.045792	1,147	53 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.111477	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140625	0	0 59.00
60.00	06000 LABORATORY	0.197067	16,624	3,276 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.232257	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.386354	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.100473	0	0 65.00
65.01	06501 PULMONARY REHAB	0.820683	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.150426	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.093518	312	29 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295629	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.342730	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.258282	25,632	6,620 73.00
74.00	07400 RENAL DIALYSIS	0.188623	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.282389	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.895819	0	0 90.00
90.01	09001 FAMILY PRACTICE	0.648394	0	0 90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.235351	0	0 90.02
90.03	09003 CHEMO	0.111515	0	0 90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.545369	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.159717	0	0 90.05
90.06	09006 WOUND CARE	0.177249	0	0 90.06
90.07	09007 SLEEP CENTER	0.413424	0	0 90.07
90.08	09008 HEMATOLOGY	0.561559	0	0 90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.733208	0	0 90.09
90.10	09010 DIABETES CENTER	0.628285	0	0 90.10
91.00	09100 EMERGENCY	0.127747	39,612	5,060 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.496046	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.541653	0	0 92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.344468	0	0 96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		83,976	15,136 200.00
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)		83,976	0 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/28/2021 10:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		116,708,994	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,660,961	2.04
3.00	Managed Care Simulated Payments		50,207,423	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		514.82	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)		15.30	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).		2.97	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)		18.27	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.43	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)		18.27	12.00
13.00	Total allowable FTE count for the prior year.		16.19	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.		15.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		16.59	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		16.59	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.032225	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.030074	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030074	21.00
22.00	IME payment adjustment (see instructions)		1,902,240	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		818,331	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).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.16	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)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004312	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001151	27.00
28.00	IME add-on adjustment amount (see instructions)		134,332	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		57,789	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,036,572	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		876,120	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.06	31.00
32.00	Sum of lines 30 and 31		23.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.45	33.00
34.00	Disproportionate share adjustment (see instructions)		2,465,478	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/28/2021 10:06 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)		0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000670283	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	5,597,262	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	5,597,262	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,597,262		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
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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	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)		128,469,267		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)			129,345,387	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			9,989,616	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).			881,615	52.00
53.00	Nursing and Allied Health Managed Care payment			187,505	53.00
54.00	Special add-on payments for new technologies			1,820	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			571,468	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			102,529	58.00
59.00	Total (sum of amounts on lines 49 through 58)			141,079,940	59.00
60.00	Primary payer payments			39,517	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			141,040,423	61.00
62.00	Deductibles billed to program beneficiaries			11,515,295	62.00
63.00	Coinurance billed to program beneficiaries			438,471	63.00
64.00	Allowable bad debts (see instructions)			1,350,618	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			877,902	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			627,003	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			129,964,559	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			8,787	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)			-932,920	70.93
70.94	HRR adjustment amount (see instructions)			-1,400,532	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/28/2021 10:06 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	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			127,622,320	71.00
71.01	Sequestration adjustment (see instructions)			1,480,419	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			125,361,973	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)			779,928	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			4,274,922	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	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. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/28/2021 10:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	116,708,994	0	0	116,708,994	116,708,994	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,660,961	0	0	1,660,961	1,660,961	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	50,207,423	0	0	50,207,423	50,207,423	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030074	0.030074	0.030074	0.030074		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,902,240	0	0	1,902,240	1,902,240	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	818,331	0	0	818,331	818,331	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	0.001151	0.001151	0.001151	0.001151		7.00
8.00	IME adjustment (see instructions)	28.00	134,332	0	0	134,332	134,332	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	57,789	0	0	57,789	57,789	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,036,572	0	0	2,036,572	2,036,572	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	876,120	0	0	876,120	876,120	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0845	0.0845	0.0845	0.0845		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,465,478	0	0	2,465,478	2,465,478	11.00
11.01	Uncompensated care payments	36.00	5,597,262	0	0	5,597,262	5,597,262	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	128,469,267	0	0	128,469,267	128,469,267	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	129,345,387	0	0	129,345,387	129,345,387	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,989,616	0	0	9,989,616	9,989,616	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/28/2021 10:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	1,820	0	0	1,820	1,820	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	8,787	0	0	8,787	8,787	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	139,345,610	139,345,610	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	9,210,339	0	0	9,210,339	9,210,339	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	199,026	0	0	199,026	199,026	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	0.0147	0.0147	0.0147	0.0147		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	135,392	0	0	135,392	135,392	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0483	0.0483	0.0483	0.0483		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	444,859	0	0	444,859	444,859	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,989,616	0	0	9,989,616	9,989,616	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/28/2021 10:06 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	116,708,994		116,708,994	116,708,994	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,660,961		1,660,961	1,660,961	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	50,207,423	0	50,207,423	50,207,423	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030074	0.030074	0.030074		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,902,240	0	1,902,240	1,902,240	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	818,331	0	818,331	818,331	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	0.001151	0.001151	0.001151		7.00
8.00	IME adjustment (see instructions)	28.00	134,332	0	134,332	134,332	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	57,789	0	57,789	57,789	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,036,572	0	2,036,572	2,036,572	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	876,120	0	876,120	876,120	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0845	0.0845	0.0845		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,465,478	0	2,465,478	2,465,478	11.00
11.01	Uncompensated care payments	36.00	5,597,262	0	5,597,262	5,597,262	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	128,469,267	0	128,469,267	128,469,267	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	129,345,387	0	129,345,387	129,345,387	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,989,616	0	9,989,616	9,989,616	16.00
17.00	Special add-on payments for new technologies	54.00	1,820	0	1,820	1,820	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	8,787	0	8,787	8,787	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	139,345,610	139,345,610	19.00

		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	9,210,339	0	9,210,339	9,210,339	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	199,026	0	199,026	199,026	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	0.0147	0.0147	0.0147		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	135,392	0	135,392	135,392	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0483	0.0483	0.0483		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	444,859	0	444,859	444,859	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,989,616	0	9,989,616	9,989,616	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	-932,920	0	-932,920	-932,920	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	-1,400,532	0	-1,400,532	-1,400,532	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		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/28/2021 10:06 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,446	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		74,861,277	2.00
3.00	OPPS payments		83,803,905	3.00
4.00	Outlier payment (see instructions)		30,728	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		127,116	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,446	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		228,673	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)		228,673	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)		228,673	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		171,227	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)		57,446	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)		83,961,749	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		26	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		14,975,096	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)		69,044,073	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		501,090	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)		69,545,163	30.00
31.00	Primary payer payments		16,109	31.00
32.00	Subtotal (line 30 minus line 31)		69,529,054	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)		1,345,356	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		874,481	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		871,405	36.00
37.00	Subtotal (see instructions)		70,403,535	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-353	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		70,403,888	40.00
40.01	Sequestration adjustment (see instructions)		816,685	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		69,520,798	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		66,405	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,606,469	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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet E-1
Part I
Date/Time Prepared:
4/28/2021 10:06 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		125,361,973		69,481,398	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	04/13/2020	39,400	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		39,400	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		125,361,973		69,520,798	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		779,928		66,405	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		126,141,901		69,587,203	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082
Component CCN: 15-S082

Period:
From 10/01/2019
To 09/30/2020

Worksheet E-1
Part I
Date/Time Prepared:
4/28/2021 10:06 pm
PPS

Title XVIII

Subprovider -
IPF

		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		384,607		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		384,607		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		8,521		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		393,128		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet E-1 Part II Date/Time Prepared: 4/28/2021 10:06 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 4/28/2021 10:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		495,667	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		321	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		4.467213	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		495,988	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		495,988	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		495,988	18.00
19.00	Deductibles		37,180	19.00
20.00	Subtotal (line 18 minus line 19)		458,808	20.00
21.00	Coinsurance		66,352	21.00
22.00	Subtotal (line 20 minus line 21)		392,456	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		7,903	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		5,137	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,408	25.00
26.00	Subtotal (sum of lines 22 and 24)		397,593	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		149	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		397,742	31.00
31.01	Sequestration adjustment (see instructions)		4,614	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		384,607	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		8,521	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 4/28/2021 10:06 pm	
						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.					18.00	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					1.40	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))					3.08	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)					19.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					21.69	6.00
7.00	Enter the lesser of line 5 or line 6					19.68	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.	21.53	0.15	21.68		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.	19.53	0.14	19.67		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	19.53	0.14			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.53	0.00			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.89	0.05			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	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	17.89	0.05			17.00	
18.00	Per resident amount	134,219.46	134,219.46			18.00	
19.00	Approved amount for resident costs	2,401,186	6,711	2,407,897		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)			2.01		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)			2,407,897		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	53,217	6,695	19,127			26.00
27.00	Total Inpatient Days (see instructions)	134,494	134,494	134,494			27.00
28.00	Ratio of inpatient days to total inpatient days	0.395683	0.049779	0.142215			28.00
29.00	Program direct GME amount	952,764	119,863	342,439	1,415,066		29.00
29.01	Percent reduction for MA DGME		7.00	7.00			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		8,390	23,971	32,361		30.00
31.00	Net Program direct GME amount				1,382,705		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/28/2021 10:06 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)		11,696,904	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)		132,046,875	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)		39,517	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		132,007,358	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		75,045,839	42.00
43.00	Primary payer payments (see instructions)		16,109	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		75,029,730	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		207,037,088	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.637602	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.362398	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,382,705	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		881,615	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		501,090	50.00

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

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet G

Date/Time Prepared:
4/28/2021 10:06 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	222,090,616	0	0	0	1.00
2.00	Temporary investments	77,504	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	139,276,450	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	8,511,488	0	0	0	7.00
8.00	Prepaid expenses	14,069,480	0	0	0	8.00
9.00	Other current assets	44,908,115	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)	428,933,653	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,297,087	0	0	0	12.00
13.00	Land improvements	6,800,885	0	0	0	13.00
14.00	Accumulated depreciation	-3,338,140	0	0	0	14.00
15.00	Buildings	717,577,600	0	0	0	15.00
16.00	Accumulated depreciation	-356,575,297	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	270,996,137	0	0	0	19.00
20.00	Accumulated depreciation	-194,963,819	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	457,794,453	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	827,685,933	16,894,751	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	189,867,909	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,017,553,842	16,894,751	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,904,281,948	16,894,751	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	55,147,459	0	0	0	37.00
38.00	Salaries, wages, and fees payable	47,638,696	0	0	0	38.00
39.00	Payroll taxes payable	1,818,069	0	0	0	39.00
40.00	Notes and loans payable (short term)	79,266,667	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,318,332	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	193,189,223	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	364,970,227	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	145,786,764	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	510,756,991	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	703,946,214	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,200,335,734				52.00
53.00	Specific purpose fund		16,894,751			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,200,335,734	16,894,751	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,904,281,948	16,894,751	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-1

Date/Time Prepared:
4/28/2021 10:06 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		1,087,560,616		15,725,770	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		196,288,193			2.00
3.00	Total (sum of line 1 and line 2)		1,283,848,809		15,725,770	3.00
4.00	RESTRICTED CONTRIBUTIONS	0		520,842		4.00
5.00	INVESTMENT RETURN	0		159,277		5.00
6.00	RESTRICTED RELI ZED INVESTMENT	0		488,863		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		1,168,982	10.00
11.00	Subtotal (line 3 plus line 10)		1,283,848,809		16,894,752	11.00
12.00	TRANSFERS	73,207,266		0		12.00
13.00	BENEFIT RELATED CHANGES	10,305,809		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00	ROUNDING (CORRECT VARIANCE IN REV)	0		1		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		83,513,075		1	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,200,335,734		16,894,751	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	RESTRICTED CONTRIBUTIONS		0			4.00
5.00	INVESTMENT RETURN		0			5.00
6.00	RESTRICTED RELI ZED INVESTMENT		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	TRANSFERS		0			12.00
13.00	BENEFIT RELATED CHANGES		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00	ROUNDING (CORRECT VARIANCE IN REV)		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: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/28/2021 10:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	218,851,210		218,851,210	1.00
2.00	SUBPROVIDER - IPF	7,280,875		7,280,875	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)	226,132,085		226,132,085	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	68,242,642		68,242,642	11.00
12.00	CORONARY CARE UNIT	18,465,996		18,465,996	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	86,708,638		86,708,638	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	312,840,723		312,840,723	17.00
18.00	Ancillary services	912,568,904	1,245,560,382	2,158,129,286	18.00
19.00	Outpatient services	96,865,466	428,604,618	525,470,084	19.00
20.00	RURAL HEALTH CLINIC		0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)		0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,322,275,093	1,674,165,000	2,996,440,093	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		941,057,963		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)		941,057,963		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-3

Date/Time Prepared:
4/28/2021 10:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,996,440,093	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,008,516,969	2.00
3.00	Net patient revenues (line 1 minus line 2)	987,923,124	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	941,057,963	4.00
5.00	Net income from service to patients (line 3 minus line 4)	46,865,161	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	67,874,832	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	26,587	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	26,200	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,296,043	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	1,167	20.00
21.00	Rental of vending machines	27,160	21.00
22.00	Rental of hospital space	10,465,281	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	51,842,239	24.00
24.50	COVID-19 PHE Funding	16,863,523	24.50
25.00	Total other income (sum of lines 6-24)	149,423,032	25.00
26.00	Total (line 5 plus line 25)	196,288,193	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)	196,288,193	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/28/2021 10:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,210,339	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		199,026	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)		363.00	3.00
4.00	Number of interns & residents (see instructions)		18.81	4.00
5.00	Indirect medical education percentage (see instructions)		1.47	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)		135,392	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.06	8.00
9.00	Sum of lines 7 and 8		23.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.83	10.00
11.00	Disproportionate share adjustment (see instructions)		444,859	11.00
12.00	Total prospective capital payments (see instructions)		9,989,616	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