## HARRISON COUNTY HOSPITAL

In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 03-31-2022 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 15-1331 Worksheet S Peri od. From 01/01/2020 Parts I-III AND SETTLEMENT SUMMARY 12/31/2020 Date/Time Prepared: То 6/28/2021 3:11 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 6/28/2021 Time: 3:11 pm use only Manually prepared cost report 2 [ ] If this is an amended report enter the number of times the provider resubmitted this cost report ] Medicare Utilization. Enter "F" for full or "L" for low. 3 Ο Ē 4 

 [1] Cost Report Status
 6. Date Received:

 (1) As Submitted
 7. Contractor No.

 (2) Settled without Audit
 8. [N] Initial Report for this Provider CCN

 (3) Settled with Audit
 9. [N] Final Report for this Provider CCN

 Contractor 5. use only Δ (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended PART II - CERTIFICATION MISREPRESENTATION OF FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL. CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OF INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT. CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S) I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HARRISON COUNTY HOSPITAL (15-1331) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations. [X] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature. CHARLES WILEY (Signed) Officer or Administrator of Provider(s) CFO Title (Dated when report is electronically signed.) Date

|        |                               |         | Title       | XVIII       |      |           |        |
|--------|-------------------------------|---------|-------------|-------------|------|-----------|--------|
|        | Cost Center Description       | Title V | Part A      | Part B      | HIT  | Title XIX |        |
|        |                               | 1.00    | 2.00        | 3.00        | 4.00 | 5.00      |        |
|        | PART III - SETTLEMENT SUMMARY |         |             |             |      |           |        |
| 1.00   | Hospi tal                     | 0       | 1, 552, 359 | 1, 006, 920 | 0    | 0         | 1.00   |
| 2.00   | Subprovider - IPF             | 0       | 0           | 0           |      | 0         | 2.00   |
| 3.00   | Subprovider - IRF             | 0       | 0           | 0           |      | 0         | 3.00   |
| 5.00   | Swing Bed - SNF               | 0       | 186, 349    | 0           |      | 0         | 5.00   |
| 6.00   | Swing Bed - NF                | 0       |             |             |      | 0         | 6.00   |
| 200.00 | Total                         | 0       | 1, 738, 708 | 1, 006, 920 | 0    | 0         | 200.00 |

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

|             | Financial Systems<br>AL AND HOSPITAL HEALTH CARE COMPLEX                     |  | DN COUNTY H          | Provi der            | CCN: 15-13 |          | eri od:              |                  | Worksh         | eet S-2           | 2552-1<br>2 |
|-------------|--|--|----------------------|----------------------|------------|----------|----------------------|------------------|----------------|-------------------|-------------|
|             |  |  |                      |                      |            | Fi<br>To | rom 01/01<br>o 12/31 | /2020<br>/2020   |                |                   |             |
|             | 1.00   | 2.                                     | 00                   | 3. 0                 | 0          |          |                      | 4.00             | 6/28/2         | 021 3:1           | l'ipm       |
|             | Hospital and Hospital Health Care Co   | mplex Address:                         |                      |                      |            |          |                      |                  |                |                   |             |
| 00<br>00    | Street: 1141 ATWOOD STREET<br>City: CORYDON                                  | PO Box:<br>State: I                    | N 7                  | p Code: 4            | 7110       | County   | HARRI SO             | M                |                |                   | 1.0         |
| 00          | city. contoin  | Component Na                           |                      | -                    |            | vi der   | Date                 |                  | ent Syst       | tem (P,           | 2.0         |
|             |  |  | Nu                   | umber Nu             | mber T     | уре      | Certified            |                  | <u>, 0, or</u> |                   | _           |
|             |  | 1.00                                   |                      | 2.00 3               | . 00 4     | I. 00    | 5.00                 | V<br>6.00        | XVIII<br>7.00  | -                 | -           |
|             | Hospital and Hospital-Based Componen   |  |                      | 2.00   0             |            | r. 00    | 5.00                 | 0.00             | 1.00           | 0.00              |             |
| 00          | Hospi tal  | HARRI SON COUNTY                       | 15                   | 51331 3              | 1140       | 1 1      | 2/15/200             | 5 N              | 0              | 0                 | 3.0         |
| 00          | Subprovider - IPF  | HOSPI TAL                              |                      |                      |            |          |                      |                  |                |                   | 4.0         |
| 00          | Subprovider - IRF  |  |                      |                      |            |          |                      |                  |                |                   | 5.0         |
| 00<br>00    | Subprovider – (Other)<br>Swing Beds – SNF                                    | HARRISON COUNTY                        | SWING 1F             | 5Z331 1              | 5999       |          | 8/14/201             | 1 N              | 0              | 0                 | 6.0         |
| 00          | Swing beds - Swi   | BEDS                                   |                      |                      | 5777       |          | 07 147 201           |                  |                |                   | /.0         |
| 00          | Swing Beds - NF  |  |                      |                      |            |          |                      |                  |                |                   | 8.0         |
| 00<br>). 00 | Hospital-Based SNF<br>Hospital-Based NF                                      |  |                      |                      |            |          |                      |                  |                |                   | 9. C        |
| . 00        | Hospi tal -Based OLTC  |  |                      |                      |            |          |                      |                  |                |                   | 11.0        |
|             | Hospi tal -Based HHA   |  |                      |                      |            |          |                      |                  |                |                   | 12.0        |
|             | Separately Certified ASC<br>Hospital-Based Hospice                           |  |                      |                      |            |          |                      |                  |                |                   | 13.0        |
| 5.00        | Hospital-Based Health Clinic - RHC   |  |                      |                      |            |          |                      |                  |                |                   | 15.0        |
| b. 00       | Hospital-Based Health Clinic - FQHC<br>Hospital-Based (CMHC) I               |  |                      |                      |            |          |                      |                  |                |                   | 16.0        |
| 3.00        | Renal Dialysis   |  |                      |                      |            |          |                      |                  |                |                   | 18.0        |
| 0. 00       | Other  |  |                      |                      |            |          | _                    | <u> </u>         |                |                   | 19.0        |
|             |  |  |                      |                      |            |          | From<br>1.0          |                  | TC<br>2        | 0:<br>00          | -           |
| . 00        | Cost Reporting Period (mm/dd/yyyy)   |  |                      |                      |            |          | 01/01/               |                  | 12/31          |                   | 20.0        |
| . 00        | Type of Control (see instructions)   |  |                      |                      |            |          | 9                    |                  |                |                   | 21.0        |
|             |  |  |                      |                      | 1.         | 00       | 2.0                  | C                | 3.             | 00                |             |
| . 00        | Inpatient PPS Information<br>Does this facility qualify and is it            | currently receiv                       | ing navmon           | ts for               | N          | 1        | N                    |                  |                |                   | 22. 0       |
| . 00        | disproportionate share hospital adju   |  |                      |                      |            | v        |                      |                  |                |                   | 22.0        |
|             | §412.106? In column 1, enter "Y" fo  |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo    |  |                      | ent                  |            |          |                      |                  |                |                   |             |
| . 01        | Did this hospital receive interim un   | compensated care                       | payments f           |                      | N          | 1        | N                    |                  |                |                   | 22.0        |
|             | cost reporting period? Enter in colu<br>the portion of the cost reporting pe |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | Enter in column 2, "Y" for yes or "N   |  |                      |                      |            |          |                      |                  |                |                   |             |
| 0.00        | reporting period occurring on or aft<br>Is this a newly merged hospital that |  |                      |                      |            |          | N                    |                  |                |                   | 22          |
| . 02        | payments to be determined at cost re   |  |                      |                      |            | N        | N                    |                  |                |                   | 22. (       |
|             | Enter in column 1, "Y" for yes or "N   | " for no, for the                      | e portion o          | of the               |            |          |                      |                  |                |                   |             |
|             | cost reporting period prior to Octob<br>or "N" for no, for the portion of th |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | October 1.   |  |                      |                      |            |          |                      |                  |                |                   |             |
| 2. 03       | Did this hospital receive a geograph<br>rural as a result of the OMB standar | ic reclassificati<br>de for delineatir | on from ur           | ban to               | M          | 1        | N                    |                  | ٩              | 1                 | 22.0        |
|             | adopted by CMS in FY2015? Enter in c   |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | for the portion of the cost reportin   |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | in column 2, "Y" for yes or "N" for<br>reporting period occurring on or aft  |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | Does this hospital contain at least  | 100 but not more                       | than 499 b           | eds (as              |            |          |                      |                  |                |                   |             |
|             | counted in accordance with 42 CFR 41<br>yes or "N" for no.                   | 2.105)? Enter in                       | column 3,            | "Y" for              |            |          |                      |                  |                |                   |             |
| 8. 00       | Which method is used to determine Me   |  |                      |                      |            | 2        | N                    |                  |                |                   | 23.0        |
|             | below? In column 1, enter 1 if date<br>if date of discharge. Is the method   |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | reporting period different from the  |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | reporting period? In column 2, ente  | r "Y" for yes or                       |                      |                      | 0+ -       | f o      |                      | Modias           | id o           | thor              |             |
|             |  |  | ln-State<br>Medicaid | In-State<br>Medicaio |            |          |                      | Medica<br>HMO da |                | )ther<br>di cai d |             |
|             |  |  | paid days            | eligible             |            |          | di cai d             |                  | (              | days              |             |
|             |  |  |                      | unpai d<br>days      | paid da    |          | i gi bl e<br>npai d  |                  |                |                   |             |
|             |  |  | 1.00                 | 2.00                 | 3.00       |          | 4.00                 | 5.00             |                | 6.00              |             |
| . 00        | If this provider is an IPPS hospital   |  | 0                    | -                    | 0          | 0        | 0                    |                  | 0              |                   | 24. (       |
|             | in-state Medicaid paid days in colum<br>Medicaid eligible unpaid days in col |  |                      |                      |            |          |                      |                  |                |                   |             |
|             | out-of-state Medicaid paid days in c   | olumn 3,                               |                      |                      |            |          |                      |                  |                |                   |             |
|             |  |  |                      | 1                    |            |          |                      |                  | 1              |                   | 1           |
|             | out-of-state Medicaid eligible unpai<br>4, Medicaid HMO paid and eligible bu |  |                      |                      |            |          |                      |                  |                |                   |             |

| SPI T    | Financial Systems HARRISC<br>AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA   | ON COUNTY H   |  | CN: 15-1331                              | Peri od:                                | In Lieu            |                              | eet S-2                   |     |
|----------|--|---|--|--|---|--------------------|------------------------------|---------------------------|-----|
|          |  |   |  |  | From 01/0<br>To 12/3                    | 1/2020             | Part I<br>Date/T<br>6/28/2   |                           |     |
|          |  | In-State<br>Medicaid<br>paid days                     | In-State<br>Medicaid<br>eligible<br>unpaid             | Out-of<br>State<br>Medicaid<br>paid days | Out-of<br>State<br>Medicaid<br>eligible | Medicai<br>HMO day | id C<br>ys Mee               | ither<br>di cai d<br>days |     |
|          |  |   | days   |  | unpai d                                 |                    |                              |                           | 4   |
| . 00     | If this provider is an IRF, enter the in-state<br>Medicaid paid days in column 1, the in-state<br>Medicaid eligible unpaid days in column 2,<br>out-of-state Medicaid days in column 3, out-of-state<br>Medicaid eligible unpaid days in column 4, Medicaid<br>HMO paid and eligible but unpaid days in column 5.                              | <u>    1.00    0</u>                                  | 2.00   | 3.00                                     | 4.00                                    | 5.00               | 0                            | 6.00                      | 25. |
|          |  |   |  |  | Urban/R                                 | ural S             |                              | ⁻Geogr<br>00              | -   |
| 00       | Enter your standard geographic classification (not wa  | age) status   | at the be  | ginning of t                             |   | 2                  | Ζ.                           | 00                        | 26  |
| 00       | cost reporting period. Enter "1" for urban or "2" for<br>Enter your standard geographic classification (not wa<br>reporting period. Enter in column 1, "1" for urban or<br>enter the effective date of the geographic reclassifi   | age) status<br>- "2" for r                            | ural. If a   |  | t                                       | 2                  |                              |                           | 27  |
| 00       | off this is a sole community hospital (SCH), enter the effect in the cost reporting period.  |   |  | CH status in                             |   | 0                  |                              |                           | 35  |
|          |  |   |  |  | Begi nr<br>1. (                         |                    | Endi<br>2.                   |                           | -   |
| 00       | Enter applicable beginning and ending dates of SCH st  |   | cript line   | 36 for numb                              |   |                    | ۷.                           | 00                        | 36  |
| 00       | of periods in excess of one and enter subsequent date<br>If this is a Medicare dependent hospital (MDH), enter<br>is in effect in the cost reporting period.   |   | r of perio   | ds MDH statu                             | s                                       | o                  |                              |                           | 37  |
| 01       | Is this hospital a former MDH that is eligible for the<br>accordance with FY 2016 OPPS final rule? Enter "Y" for<br>instructions)  |   |  |  |   |                    |                              |                           | 37  |
| 00       | If line 37 is 1, enter the beginning and ending dates<br>greater than 1, subscript this line for the number of<br>enter subsequent dates.  |   |  |  |   |                    |                              |                           | 38  |
|          |  |   |  |  | Y/                                      |                    | ۲ <i>/</i><br>2.             |                           | -   |
| . 00     | Does this facility qualify for the inpatient hospital<br>hospitals in accordance with 42 CFR §412.101(b)(2)(i)<br>1 "Y" for yes or "N" for no. Does the facility meet t<br>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii<br>or "N" for no. (see instructions)<br>Is this hospital subject to the HAC program reduction                 | i, (ii), or<br>the mileage<br>i)? Enter               | (iii)? En<br>requiremen<br>in column :                 | ter in colum<br>nts in<br>2 "Y" for ye   | me N<br>n<br>s                          |                    | <u> </u>                     | J                         | 39  |
|          | "N" for no in column 1, for discharges prior to Octob<br>no in column 2, for discharges on or after October 1.   | per 1. Ente   | r "Y" for g  |  |   |                    | _                            |                           |     |
|          |  |   |  |  |   | V<br>1.00          | 2.00                         | XI X<br>3.00              | +   |
| ~~~      | Prospective Payment System (PPS)-Capital   |   |  | + :                                      |   |                    | N                            |                           | 45  |
|          | Does this facility qualify and receive Capital paymer<br>with 42 CFR Section §412.320? (see instructions)<br>Is this facility eligible for additional payment exce<br>pursuant to 42 CFR §412.348(f)? If yes, complete Wkst  | eption for  | extraordi n  | ary circumst                             | ances                                   | N                  | N                            | N<br>N                    | 45  |
| 00<br>00 | Pt. III.<br>Is this a new hospital under 42 CFR §412.300(b) PPS o<br>Is the facility electing full federal capital payment   | •   |  | 2  |   | N                  | N<br>N                       | N<br>N                    | 47  |
| 00       | Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you i  |   |  |  |   | - N                |                              |                           | 56  |
| 00       | GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting p<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mont<br>for yes or "N" for no in column 2. If column 2 is "Y<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. II | period duri<br>yes or "N<br>th of this<br>(", complet | ng which ro<br>" for no in<br>cost repor<br>e Workshee | n column 1.<br>ting period?              | If column 1<br>Enter "Y"                |                    |                              |                           | 57  |
| 00       | If line 56 is yes, did this facility elect cost reimb  |   |  | ans' servi ce                            | s as                                    | N                  |                              |                           | 58  |
| 00       | defined in CMS Pub. 15-1, chapter 21, §2148? If yes,<br>Are costs claimed on line 100 of Worksheet A? If yes   |   |  | <u>, Pt. I.</u>                          |   | N                  |                              |                           | 59  |
|          |  |   |  | NAHE 413.8<br>Y/N                        | 35   Worksh<br>Line                     | e #                | Pass-T<br>Qualifi<br>Criteri | cation                    |     |
|          |  |   |  | 1.00                                     | 2.0                                     | 00                 | 3.                           | 00                        | 1   |
| . 00     | Are you claiming nursing and allied health education<br>any programs that meet the criteria under 42 CFR 413.<br>instructions) Enter "Y" for yes or "N" for no in col<br>is "Y", are you impacted by CR 11642 (or subsequent C<br>adjustement? Enter "Y" for yes or "N" for no in colu   | 85? (see<br>umn 1. If<br>CR) NAHE MA                  | column 1   | N  |   |                    |                              |                           | 60  |

| USPI I       | AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA   | ТА                                  | Provider CC                                  |   | eriod:<br>rom 01/01/2020<br>o 12/31/2020 |   | pared              |
|--------------|---|-------------------------------------|--|---|--|---|--------------------|
|              |   | Y/N                                 | IME  | Direct GME                                | IME                                      | Direct GME                              |                    |
|              | 1   | 1.00                                | 2.00   | 3.00                                      | 4.00                                     | 5.00                                    |                    |
| 1.00         | Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)  | N                                   |  |   | 0.00                                     | 0. OC                                   | 61. (              |
| I. 02        | Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of<br>ACA). (see instructions)   |                                     |  |   |  |   | 61. (              |
| 1.03         | Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for<br>determining compliance with the 75% test. (see<br>instructions)  |                                     |  |   |  |   | 61.0               |
| 1.04         | Enter the number of unweighted primary care/or<br>surgery allopathic and/or osteopathic FTEs in the<br>current cost reporting period. (see instructions).   |                                     |  |   |  |   | 61.0               |
|              | Enter the difference between the baseline primary<br>and/or general surgery FTEs and the current year's<br>primary care and/or general surgery FTE counts (line<br>61.04 minus line 61.03). (see instructions)  |                                     |  |   |  |   | 61. (              |
| 1.06         | Enter the amount of ACA §5503 award that is being<br>used for cap relief and/or FTEs that are nonprimary<br>care or general surgery. (see instructions)   |                                     |  |   |  |   | 61.0               |
|              |   | Pro                                 | ogram Name                                   | Program Code                              | Unweighted IME<br>FTE Count              | Unweighted<br>Direct GME FTE<br>Count   | -                  |
| . 10         | Of the FTEs in line 61.05, specify each new program   |                                     | 1.00   | 2.00                                      | 3.00                                     | 4.00                                    | ) 61.              |
|              | specialty, if any, and the number of FTE residents<br>for each new program. (see instructions) Enter in<br>column 1, the program name. Enter in column 2, the<br>program code. Enter in column 3, the IME FTE<br>unweighted count. Enter in column 4, the direct GME<br>FTE unweighted count.<br>Of the FTEs in line 61.05, specify each expanded<br>program specialty, if any, and the number of FTE<br>residents for each expanded program. (see<br>instructions) Enter in column 1, the program name.<br>Enter in column 2, the program code. Enter in column<br>3, the IME FTE unweighted count. Enter in column 4,<br>the direct GME FTE unweighted count. |                                     |  |   | 0.00                                     |   | 61. :              |
|              |   |                                     |  |   |  | 1.00                                    | 1                  |
|              | ACA Provisions Affecting the Health Resources and Ser   |                                     |  |   |  |   |                    |
| . 00<br>. 01 | Enter the number of FTE residents that your hospital<br>your hospital received HRSA PCRE funding (see instruc<br>Enter the number of FTE residents that rotated from a<br>during in this cost reporting period of HRSA THC prog<br>Teaching Hospitals that Claim Residents in Nonprovide  | ctions)<br>a Teachi<br>gram. (s     | ng Health Cen<br>ee instruction              | ter (THC) into                            |  |   | ) 62. (<br>) 62. ( |
| 8. 00        | Has your facility trained residents in nonprovider se<br>"Y" for yes or "N" for no in column 1. If yes, comple  | ettings                             | during this co                               |   |  | N                                       | 63.                |
|              |   |                                     |  | Unweighted<br>FTEs<br>Nonprovider<br>Site | FTES in<br>Hospital                      | Ratio (col. 1/<br>(col. 1 + col.<br>2)) |                    |
|              | Section 5504 of the ACA Base Year FTE Residents in No   | nnrovia                             | ler Settings                                 | 1.00<br>This base year                    | 2.00                                     | 3.00                                    |                    |
| . 00         | period that begins on or after July 1, 2009 and befor<br>Enter in column 1, if line 63 is yes, or your facilit<br>in the base year period, the number of unweighted non<br>resident FTEs attributable to rotations occurring in   | <u>re June</u><br>y train<br>primar | <u>30, 2010.</u><br>Ted residents<br>Ty care | 0.00                                      |  |   | 64.                |

|   |  | ATA Provider  | Fr  | eriod:<br>  |   |          |
|---|--|---|---|---|---|----------|
|   |  |   | To  | 12/31/2020  | Date/Time Pre<br>6/28/2021 3:1  | pared    |
|   | Program Name   | Program Code  | Unweighted  | Unweighted  | Ratio (col. 3/  |          |
|   |  |   | FTES  | FTEs in   | $(col \cdot 3 + col \cdot$  |          |
|   |  |   | Nonprovider<br>Site   | Hospi tal   | 4))   |          |
|   | 1.00   | 2.00  | 3.00  | 4.00  | 5.00  |          |
| .00 Enter in column 1, if line 63   |  |   | 0.00  | 0.00  | 0. 000000   | 65.0     |
| is yes, or your facility<br>trained residents in the base<br>year period, the program name<br>associated with primary care<br>FTEs for each primary care<br>program in which you trained<br>residents. Enter in column 2,<br>the program code. Enter in<br>column 3, the number of<br>unweighted primary care FTE<br>residents attributable to<br>rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3 |  |   |   |   |   |          |
| divided by (column 3 + column<br>4)). (see instructions)  |  |   |   |   |   |          |
|   |  | <u> </u>  | Unwei ghted   | Unwei ghted   | Ratio (col. 1/  | <i>(</i> |
|   |  |   | FTEs  | FTEs in   | (col. 1 + col.  |          |
|   |  |   | Nonprovider<br>Site   | Hospi tal   | 2))   |          |
|   |  |   | 1.00  | 2.00  | 3.00  | 1        |
| Section 5504 of the ACA Current   | Year FTE Residents i   | n Nonprovider Settir  |   |   |   |          |
| 00 Enter in column 1 the number of u<br>FTEs attributable to rotations of<br>Enter in column 2 the number of u<br>FTEs that trained in your hospita<br>(column 1 divided by (column 1 +   | ccurring in all nonp<br>unweighted non-prima<br>al. Enter in column :  | rovider settings.<br>ry care resident<br>3 the ratio of   | 0.00  | 0.00  | 0. 000000   | 00.      |
|   |  | -   |   |   |   |          |
|   | Program Name   | Program Code  | Unwei ghted<br>FTEs<br>Nonprovi der<br>Si te  | Unweighted<br>FTEs in<br>Hospital   | Ratio (col. 3/<br>(col. 3 + col.<br>4))   |          |
| .00 Enter in column 1, the program  |  | -   | FTĔs  | FTEsin  | (col. 3 + col.<br>4))<br>5.00   | _        |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column   | Program Name   | Program Code  | FTĔs<br>Nonprovider<br>Site<br>3.00   | FTES in<br>Hospital   | (col. 3 + col.<br>4))<br>5.00   |          |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3  | Program Name   | Program Code  | FTĔs<br>Nonprovider<br>Site<br>3.00   | FTES in<br>Hospital<br>4.00<br>0.00   | (col. 3 + col.<br>4))<br>5.00<br>0 0.000000                                     | _        |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)  | Program Name<br>1.00<br>2S   | Program Code<br>2.00  | FTĚs<br>Nonprovi der<br>Si te<br>3.00<br>0.00   | FTES in<br>Hospital<br>4.00<br>0.00<br>1.0  | (col . 3 + col .<br>4))<br>5.00<br>0 0.000000<br>0 0.000000<br>0 2.00 3.00      |          |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)  | Program Name<br>1.00<br>25<br>25<br>25<br>26<br>26<br>27<br>27<br>27<br>27<br>27<br>27<br>27<br>27<br>27<br>27   | Program Code<br>2.00  | FTĚs<br>Nonprovi der<br>Si te<br>3.00<br>0.00   | FTES in<br>Hospital<br>4.00<br>0.00<br>1.0  | (col . 3 + col .<br>4))<br>5.00<br>0 0.000000<br>0 0.000000<br>0 2.00 3.00      |          |
| <pre>name associated with each of<br/>your primary care programs in<br/>which you trained residents.<br/>Enter in column 2, the program<br/>code. Enter in column 3, the<br/>number of unweighted primary<br/>care FTE residents attributable<br/>to rotations occurring in all<br/>non-provider settings. Enter in<br/>column 4, the number of<br/>unweighted primary care<br/>resident FTEs that trained in<br/>your hospital. Enter in column<br/>5, the ratio of (column 3<br/>divided by (column 3 + column<br/>4)). (see instructions)</pre>                    | Program Name<br>1.00<br>1.00<br>2S<br>ychiatric Facility (<br>the facility have al<br>2fore November 15, 2<br>umn 2: Did this fac<br>2 412.424 (d)(1)(iii)<br>cate which program y                             | Program Code<br>2.00<br>IPF), or does it con<br>n approved GME teach<br>004? Enter "Y" for<br>ility train resident<br>)(D)? Enter "Y" for                         | FTĚs<br>Nonprovi der<br>Si te<br>3.00<br>0.00<br>tain an IPF subp<br>ing program in t<br>yes or "N" for m<br>s in a new teach<br>yes or "N" for m | FTES in<br>Hospital<br>4.00<br>0.00<br>0.00<br>1.0<br>rovider? N<br>he most<br>o. (see<br>ing<br>o. | (col . 3 + col .<br>4))<br>5.00<br>0 0.000000<br>0 0.000000<br>0 2.00 3.00      | 70.      |
| <pre>name associated with each of<br/>your primary care programs in<br/>which you trained residents.<br/>Enter in column 2, the program<br/>code. Enter in column 3, the<br/>number of unweighted primary<br/>care FTE residents attributable<br/>to rotations occurring in all<br/>non-provider settings. Enter in<br/>column 4, the number of<br/>unweighted primary care<br/>resident FTEs that trained in<br/>your hospital. Enter in column<br/>5, the ratio of (column 3<br/>divided by (column 3 + column<br/>4)). (see instructions)</pre>                    | Program Name<br>1.00<br>2S<br>ychiatric Facility (<br>the facility have an<br>efore November 15, 2<br>umn 2: Did this fac<br>2 412.424 (d)(1)(iii)<br>cate which program you<br>y PPS<br>habilitation Facility | Program Code<br>2.00<br>IPF), or does it con<br>n approved GME teach<br>004? Enter "Y" for<br>ility train resident<br>)(D)? Enter "Y" for<br>ear began during thi | FTĚs<br>Nonprovi der<br>Si te<br>3.00<br>0.00<br>tain an IPF subp<br>ing program in t<br>yes or "N" for m<br>s in a new teach<br>yes or "N" for m | FTES in<br>Hospital<br>4.00<br>0.00<br>0.00<br>1.0<br>rovider? N<br>he most<br>o. (see<br>ing<br>o. | (col. 3 + col.<br>4))<br>5.00<br>0.000000<br>0.0000000<br>0.0000000<br>0.000000 |          |

| Health Financial Systems HARRISON CO  | UNTY HOSPITAL  |                 | In Lie                           | u of Form CMS-          | 2552-10 |
|---|----------------|-----------------|----------------------------------|-------------------------|---------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA   | Provi der      | CCN: 15-1331    | Peri od:                         | Worksheet S-2           |         |
|   |                |                 | From 01/01/2020<br>To 12/31/2020 | Part I<br>Date/Time Pre | epared: |
|   |                |                 |                                  | 6/28/2021 3:1           |         |
|   |                |                 |                                  | 1.00                    | -       |
| Long Term Care Hospital PPS   |                |                 |                                  |                         |         |
| 80.00 Is this a long term care hospital (LTCH)? Enter "Y" for   |                |                 |                                  | N                       | 80.00   |
| 81.00 Is this a LTCH co-located within another hospital for par   | t or all of th | e cost reportin | g period? Enter                  | N                       | 81.00   |
| "Y" for yes and "N" for no.<br>TEFRA Provi ders   |                |                 |                                  |                         | 1       |
| 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)   | (i) TEFRA? En  | ter "Y" for yes | or "N" for no.                   | N                       | 85.00   |
| 86.00 Did this facility establish a new Other subprovider (excl   | uded unit) und | er 42 CFR Secti | on                               |                         | 86.00   |
| <pre>§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.<br/>87.00 Is this hospital an extended neoplastic disease care hosp</pre> | ital classifio | d under section |                                  | N                       | 87.00   |
| 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.   |                | u unuer section |                                  | IN                      | 07.00   |
|   |                |                 | V                                | XI X                    |         |
|   |                |                 | 1.00                             | 2.00                    |         |
| Title V and XIX Services<br>90.00 Does this facility have title V and/or XIX inpatient hosp   | ital services? | Enter "V" for   | N                                | Y                       | 90.00   |
| yes or "N" for no in the applicable column.   |                |                 |                                  | •                       | /0.00   |
| 91.00 Is this hospital reimbursed for title V and/or XIX throug   |                |                 | N                                | N                       | 91.00   |
| full or in part? Enter "Y" for yes or "N" for no in the a   |                |                 |                                  | N                       | 92.00   |
| 92.00 Are title XIX NF patients occupying title XVIII SNF beds<br>instructions) Enter "Y" for yes or "N" for no in the appl         |                | ation)? (see    |                                  | IN                      | 92.00   |
| 93.00 Does this facility operate an ICF/IID facility for purpos   |                | and XIX? Enter  | N                                | N                       | 93.00   |
| "Y" for yes or "N" for no in the applicable column.   |                |                 |                                  |                         | 04.00   |
| 94.00 Does title V or XIX reduce capital cost? Enter "Y" for ye applicable column.  | s, and N for   | no in the       | N                                | N                       | 94.00   |
| 95.00 If line 94 is "Y", enter the reduction percentage in the  | applicable col | umn.            | 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       | N                                | N                       | 96.00   |
| applicable column.<br>97.00 If line 96 is "Y", enter the reduction percentage in the  | applicable col | ump             | 0.00                             | 0.00                    | 97.00   |
| 98.00 Does title V or XIX follow Medicare (title XVIII) for the   |                |                 | Y                                | Y                       | 98.00   |
| stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y   |                |                 |                                  |                         |         |
| column 1 for title V, and in column 2 for title XIX.  |                |                 | N N                              | X                       | 00.01   |
| 98.01 Does title V or XIX follow Medicare (title XVIII) for the<br>C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for        |                |                 |                                  | Y                       | 98.01   |
| title XIX.  | the troot, and |                 |                                  |                         |         |
| 98.02 Does title V or XIX follow Medicare (title XVIII) for the   |                |                 | Y                                | Y                       | 98.02   |
| bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for ye<br>for title V, and in column 2 for title XIX.                            | s or "N" for n | o in column 1   |                                  |                         |         |
| 98.03 Does title V or XIX follow Medicare (title XVIII) for a c   | ritical access | hospital (CAH)  | N                                | N                       | 98.03   |
| reimbursed 101% of inpatient services cost? Enter "Y" for   |                |                 |                                  |                         |         |
| for title V, and in column 2 for title XIX.   | All roimburcod | 101% of         | N                                | N                       | 98.04   |
| 98.04 Does title V or XIX follow Medicare (title XVIII) for a C<br>outpatient services cost? Enter "Y" for yes or "N" for no        |                |                 |                                  | IN                      | 90.04   |
| in column 2 for title XIX.  |                |                 |                                  |                         |         |
| 98.05 Does title V or XIX follow Medicare (title XVIII) and add   |                |                 |                                  | Y                       | 98.05   |
| Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no i<br>column 2 for title XIX.  |                | title v, and i  |                                  |                         |         |
| 98.06 Does title V or XIX follow Medicare (title XVIII) when co   |                |                 | Y                                | Y                       | 98.06   |
| Pts. I through IV? Enter "Y" for yes or "N" for no in col   | umn 1 for titl | e V, and in     |                                  |                         |         |
| column 2 for title XIX.<br>Rural Providers  |                |                 |                                  |                         |         |
| 105.00 Does this hospital qualify as a CAH?   |                |                 | Y                                |                         | 105.00  |
| 106.00 If this facility qualifies as a CAH, has it elected the a  | ll-inclusive m | ethod of paymen | t N                              |                         | 106.00  |
| for outpatient services? (see instructions)<br>107.00 Column 1: If line 105 is Y, is this facility eligible for                     | cost roimburs  | omont for L&P   | N                                |                         | 107.00  |
| training programs? Enter "Y" for yes or "N" for no in col   |                |                 | IN IN                            |                         | 107.00  |
| Column 2: If column 1 is Y and line 70 or line 75 is Y,   | do you train l | &Rs in an       |                                  |                         |         |
| approved medical education program in the CAH's excluded  |                | F unit(s)?      |                                  |                         |         |
| Enter "Y" for yes or "N" for no in column 2. (see instru<br>108.00 Is this a rural hospital qualifying for an exception to t        |                | hedule? See 42  | Ν                                |                         | 108.00  |
| CFR Section §412.113(c). Enter "Y" for yes or "N" for no.   |                |                 |                                  |                         | 100.00  |
|   | Physi cal      | Occupationa     |                                  | Respiratory             | -       |
| 109.00 If this hospital qualifies as a CAH or a cost provider, a  | 1.00           | 2.00<br>N       | 3.00<br>N                        | 4.00<br>Y               | 109.00  |
| therapy services provided by outside supplier? Enter "Y"  |                |                 |                                  |                         |         |
| for yes or "N" for no for each therapy.   |                |                 |                                  |                         |         |
|   |                |                 |                                  | 1.00                    | -       |
| 110.00 Did this hospital participate in the Rural Community Hosp  | ital Demonstra | tion project (§ | 410A                             | N 1.00                  | 110.00  |
| Demonstration) for the current cost reporting period? Enter   |                |                 |                                  |                         |         |
| complete Worksheet E, Part A, lines 200 through 218, and applicable.  | worksheet L-2, | lines 200 thro  | ugn 215, as                      |                         |         |
|   |                |                 |                                  | I                       | I       |

| HOCDITAL AND HOCDITAL HEALTH CARE CONDLEY IDENTLELCATION DATA   | CN. 15 1001 Da   |                                      | eu of Form CMS |  |
|---|--|--------------------------------------|----------------|--|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider C  |  | riod:<br>om 01/01/2020<br>12/31/2020 |                |  |
|   |  |                                      | 6/28/2021 3:   | 11 pm  |
|   |  | 1.00                                 | 2.00           | _  |
| 11.00 If this facility qualifies as a CAH, did it participate in the Frontier C<br>Health Integration Project (FCHIP) demonstration for this cost reporting<br>"Y" for yes or "N" for no in column 1. If the response to column 1 is Y,<br>integration prong of the FCHIP demo in which this CAH is participating in<br>Enter all that apply: "A" for Ambulance services; "B" for additional beds<br>for tele-health services.  | period? Enter<br>enter the<br>column 2.  | N                                    |                | 111.00   |
|   | 1.00   | 2.00                                 | 3.00           | -  |
| 112.00 Did this hospital participate in the Pennsylvania Rural Health Model<br>demonstration for any portion of the current cost reporting period?<br>Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter<br>in column 2, the date the hospital began participating in the<br>demonstration. In column 3, enter the date the hospital ceased<br>participation in the demonstration, if applicable.<br>Miscellaneous Cost Reporting Information   | N  |                                      |                | 112.00   |
| 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no   | N  |                                      |                | 0115.00  |
| <pre>in column 1. If column 1 is yes, enter the method used (A, B, or E only)<br/>in column 2. If column 2 is "E", enter in column 3 either "93" percent<br/>for short term hospital or "98" percent for long term care (includes<br/>psychiatric, rehabilitation and long term hospitals providers) based on<br/>the definition in CMS Pub. 15-1, chapter 22, §2208.1.<br/>116.00 Is this facility classified as a referral center? Enter "Y" for yes or</pre>   | N  |                                      |                | 116. 00  |
| "N" for no.<br>117.00 s this facility legally-required to carry malpractice insurance? Enter  | N  |                                      |                | 117.00   |
| "Y" for yes or "N" for no.  | 1  |                                      |                |  |
| 118.00 Is the malpractice insurance a claims-made or occurrence policy? Enter 1<br>if the policy is claim-made. Enter 2 if the policy is occurrence.  | 1  |                                      |                | 118.00   |
|   | Premi ums  | Losses                               | Insurance      |  |
| 118.01 List amounts of malpractice premiums and paid losses:  | 1.00   | 2.00                                 | 3.00           | 0118.01  |
| The orperior amounts of marpractice premiums and pard rosses:   | 457,013  |                                      | J              | 0118.0   |
| 18.02 Are malpractice premiums and paid losses reported in a cost center other  | than the   | 1.00<br>N                            | 2.00           | 118. 02  |
| Administrative and General? If yes, submit supporting schedule listing c<br>and amounts contained therein.<br>19.00 DO NOT USE THIS LINE<br>20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless pro<br>§3121 and applicable amendments? (see instructions) Enter in column 1, "Y<br>"N" for no. Is this a rural hospital with < 100 beds that qualifies for t   | ost centers<br>vision in ACA<br>" for yes or<br>he Outpatient  | N                                    | N              | 119. 0<br>120. 0   |
| Hold Harmless provision in ACA §3121 and applicable amendments? (see inst   | -  |                                      |                |  |
| Enter in column 2, "Y" for yes or "N" for no.<br>21.00Did this facility incur and report costs for high cost implantable device   | s charged to   | Y                                    |                | 121.00   |
| Enter in column 2, "Y" for yes or "N" for no.<br>21.00 Did this facility incur and report costs for high cost implantable device<br>patients? Enter "Y" for yes or "N" for no.  | 0  |                                      | 5.01           |  |
| Enter in column 2, "Y" for yes or "N" for no.<br>21.00 Did this facility incur and report costs for high cost implantable device<br>patients? Enter "Y" for yes or "N" for no.<br>22.00 Does the cost report contain healthcare related taxes as defined in §1903<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente<br>the Worksheet A line number where these taxes are included.   | (w)(3) of the  | Y<br>Y                               | 5. 01          |  |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N"</li> </ul>   | (w)(3) of the<br>r in column 2   |                                      | 5. 01          | 122. 0   |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included. Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certification date(s)</li> </ul>   | (w)(3) of the<br>r in column 2   | Y                                    | 5.01           | 122. 0   |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certification date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified heart transplant center, enter the certification date.</li> </ul>   | (w)(3) of the<br>r in column 2<br>for no. If<br>fication date  | Y                                    | 5.01           | 122. 00<br>125. 00<br>126. 00  |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included. Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certific n column 1 and termination date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified liver transplant center, enter the certifination date, if applicable, in column 2.</li> </ul>   | (w)(3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date  | Y                                    | 5.01           | 122. 0<br>125. 0<br>126. 0<br>127. 0   |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included. Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certific n column 1 and termination date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>28.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> </ul>   | (w)(3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date<br>ication date  | Y                                    | 5.01           | 122. 0<br>125. 0<br>126. 0<br>127. 0<br>128. 0   |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certification date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified liver transplant center, enter the certification date, if applicable, in column 2.</li> <li>28.00 If this is a Medicare certified liver transplant center, enter the certification date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified liver transplant center, enter the certification date, if applicable, in column 2.</li> <li>30.00 If this is a Medicare certified liver transplant center, enter the certification date, if applicable, in column 2.</li> </ul>   | (w)(3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date<br>ication date<br>cation date in  | Y                                    | 5.01           | 122. 0<br>125. 0<br>126. 0<br>127. 0<br>128. 0<br>129. 0   |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>28.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified lung transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>30.00 If this is a Medicare certified pancreas transplant center, enter the certific date in column 1 and termination date, if applicable, in colum 2.</li> <li>31.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 2.</li> </ul>   | (w)(3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date<br>ication date<br>cation date in<br>tification  | Y                                    | 5.01           | 122. 00<br>125. 00<br>126. 00<br>127. 00<br>128. 00<br>129. 00<br>130. 00  |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included. Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certif in column 1 and termination date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified liver transplant center, enter the certif in column 1 and termination date, if applicable, in column 2.</li> <li>28.00 If this is a Medicare certified luver transplant center, enter the certif in column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified luver transplant center, enter the certific olumn 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified pancreas transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>30.00 If this is a Medicare certified pancreas transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>31.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> <li>32.00 If this is a Medicare certified pancreas transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> <li>32.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> </ul>        | (w) (3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date<br>ication date<br>cation date in<br>tification<br>ertification                                 | Y                                    | 5.01           | 122. 0<br>125. 0<br>126. 0<br>127. 0<br>128. 0<br>129. 0<br>130. 0<br>131. 0   |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included. Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>28.00 If this is a Medicare certified liver transplant center, enter the certific olumn 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified pancreas transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>30.00 If this is a Medicare certified pancreas transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>30.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> <li>31.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> <li>32.00 Removed and reserved</li> <li>34.00 If this is a norgan procurement organization (0P0), enter the 0P0 number</li> </ul>  | (w) (3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date<br>ication date<br>cation date in<br>tification<br>ertification<br>ication date                 | Y                                    | 5.01           | 121. 00<br>122. 00<br>125. 00<br>126. 00<br>127. 00<br>128. 00<br>129. 00<br>130. 00<br>131. 00<br>132. 00<br>133. 00<br>134. 00 |
| <ul> <li>Enter in column 2, "Y" for yes or "N" for no.</li> <li>121.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.</li> <li>122.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ente the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>125.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>126.00 If this is a Medicare certified kidney transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>127.00 If this is a Medicare certified liver transplant center, enter the certifin column 1 and termination date, if applicable, in column 2.</li> <li>128.00 If this is a Medicare certified liver transplant center, enter the certific olumn 1 and termination date, if applicable, in column 2.</li> <li>129.00 If this is a Medicare certified liver transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>130.00 If this is a Medicare certified lung transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>131.00 If this is a Medicare certified pancreas transplant center, enter the certific column 1 and termination date, if applicable, in column 2.</li> <li>131.00 If this is a Medicare certified pancreas transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> <li>132.00 If this is a Medicare certified pancreas transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> <li>132.00 If this is a Medicare certified intestinal transplant center, enter the certific date in column 1 and termination date, if applicable, in column 2.</li> </ul> | (w) (3) of the<br>r in column 2<br>for no. If<br>fication date<br>ication date<br>ication date<br>ication date in<br>tification<br>ertification<br>ication date<br>in column 1 | Y                                    | 5.01           | 122. 0<br>125. 0<br>126. 0<br>127. 0<br>128. 0<br>129. 0<br>130. 0<br>131. 0<br>132. 0<br>133. 0                                 |

| ealth Financial Systems<br>HOSPITAL AND HOSPITAL HEALTH CARE COMPLE   | X IDENTIFICATION DATA   | Provider CC                         | N: 15-1331               | Peric<br>From<br>To | od:<br>01/01/2020<br>12/31/2020 | Worksheet S-<br>Part I<br>Date/Time Pr<br>6/28/2021 3: | repared:         |
|---|---|-------------------------------------|--------------------------|---------------------|---------------------------------|--|------------------|
| 1.00  | 2.  | 00                                  |                          |                     | 3.00                            |  |                  |
| If this facility is part of a chai<br>home office and enter the home off  | n organization, enter on  | lines 141 throu                     |                          | name a              |                                 | of the   |                  |
| 41.00Name:  | Contractor's Name:  |                                     |                          | ctor's              | Number:                         |  | 141.0            |
| 42.00 Street:   | PO Box:   |                                     |                          |                     |                                 |  | 142.0            |
| 43. 00 Ci ty:   | State:  |                                     | Zip Coo                  | de:                 |                                 |  | 143.0            |
|   |   |                                     |                          |                     |                                 | 1.00   | -                |
| 44.00 Are provider based physicians' cos  | sts included in Worksheet   | Α?                                  |                          |                     |                                 | Y  | 144.0            |
|   |   |                                     |                          |                     |                                 |  |                  |
|   |   |                                     |                          |                     | 1.00                            | 2.00   |                  |
| 45.00 f costs for renal services are cl<br>inpatient services only? Enter "Y"<br>no, does the dialysis facility inc<br>period? Enter "Y" for yes or "N"   | for yes or "N" for no in<br>clude Medicare utilization<br>for no in column 2. | n column 1. lf c<br>n for this cost | column 1 is<br>reporting |                     |                                 |  | 145. C           |
| 46. 00 Has the cost allocation methodol og<br>Enter "Y" for yes or "N" for no ir<br>yes, enter the approval date (mm/c  | column 1. (See CMS Pub.   |                                     |                          | lf                  | N                               |  | 146. (           |
|   |   |                                     |                          |                     |                                 | 1.00   | _                |
| 47.00Was there a change in the statisti   | cal hasis? Enter "V" for  | Ves or "N" for                      | no                       |                     |                                 | 1.00<br>N  | 147.0            |
| 48.00 Was there a change in the order of  |   |                                     |                          |                     |                                 | N  | 147.0            |
| 49.00 Was there a change to the simplifi  |   |                                     |                          | or no.              |                                 | N  | 149.0            |
|   |   | Part A                              | Part B                   |                     | Title V                         | Title XIX  |                  |
|   |   | 1.00                                | 2.00                     |                     | 3.00                            | 4.00   |                  |
| Does this facility contain a provi<br>or charges? Enter "Y" for yes or '  |   |                                     |                          |                     |                                 |  |                  |
| 55. 00 Hospi tal  | IN TOF NO TOF Each compo  | N                                   | N N                      | . (See              | <u>42 CFR 9413</u><br>N         | . 13)<br>N   | 155. (           |
| 56.00 Subprovider - IPF   |   | N                                   | N                        |                     | N                               | N  | 156. 0           |
| 57.00 Subprovider - IRF   |   | Ν                                   | N                        |                     | Ν                               | N  | 157. (           |
| 58. 00 SUBPROVI DER   |   |                                     |                          |                     |                                 |  | 158.0            |
| 59.00 SNF   |   | N                                   | N                        |                     | N                               | N  | 159.0            |
| 60.00H0ME HEALTH AGENCY<br>61.00CMHC  |   | N                                   | N N                      |                     | N<br>N                          | N  | 160. C           |
|   |   |                                     | IN                       |                     | IN                              | IN   | 101.0            |
|   |   |                                     |                          |                     |                                 | 1.00   |                  |
| Multicampus<br>65.00 Is this hospital part of a Multica   | ampus hospital that has or  | ne or more campu                    | ises in dif              | ferent              | CBSAs?                          | N  | 165. 0           |
| Enter "Y" for yes or "N" for no.  | Name  | County                              | State 2                  | Zip Cod             | e CBSA                          | FTE/Campus   |                  |
|   | 0   | 1.00                                | 2.00                     | 3.00                | 4.00                            | 5.00   | -                |
| 66.00 If line 165 is yes, for each<br>campus enter the name in column<br>0, county in column 1, state in<br>column 2, zip code in column 3,<br>CBSA in column 4, FTE/Campus in<br>column 5 (see instructions) |   |                                     |                          |                     |                                 |  | DO 166. C        |
|   |   |                                     |                          |                     |                                 | 1.00   | -                |
| Health Information Technology (HI   | ) incentive in the Ameri  | can Recovery and                    | d Reinvestm              | ent Act             | <u> </u>                        |  |                  |
| 57.00 Is this provider a meaningful user<br>58.00 If this provider is a CAH (line 10  | 05 is "Y") and is a meanir  | ngful user (line                    |                          | "), ent             | er the                          | Y  | 167. (<br>168. ( |
| reasonable cost incurred for the H<br>58.01 If this provider is a CAH and is r  |   | ,                                   | uualifv f                | nr a ha             | rdshi n                         |  | 168. (           |
| exception under §413.70(a)(6)(ii)?  |   |                                     |                          |                     | . 35m p                         |  | 00.0             |
| 59.00 If this provider is a meaningful ι  | ıser (line 167 is "Y") and  |                                     |                          |                     | enter the                       | 9.0  | 99169. (         |
| transition factor. (see instruction   | ons)  |                                     |                          |                     | - · ·                           | <b>E P</b>   | _                |
|   |   |                                     |                          |                     | Begi nni ng<br>1. 00            | Endi ng<br>2. 00                                       | _                |
| 70.00 Enter in columns 1 and 2 the EHR k  | eginning date and ending  | date for the re                     | porting                  | -                   | 1.00                            | 2.00   | 170.0            |
| period respectively (mm/dd/yyyy)  |   |                                     |                          |                     |                                 |  |                  |
|   |   |                                     |                          |                     |                                 |  |                  |
|   |   |                                     |                          |                     | 1.00                            | 2.00   | 0.1= :           |
| 71.00 If line 167 is "Y", does this prov<br>section 1876 Medicare cost plans r<br>"Y" for yes and "N" for no in colu  | eported on Wkst. S-3, Pt.   | I, line 2, col                      | . 6? Enter               |                     | Ν                               |  | 0171.0           |

| OSPI T.  | Financial Systems HARRISON COUN<br>AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE   |   | CCN: 15-1331   | Period:<br>From 01/01/2020<br>To 12/31/2020 | u of Form CMS<br>Worksheet S-<br>Part II<br>Date/Time Pr<br>6/28/2021 3: | 2<br>epared |
|----------|--|---|----------------|---|--|-------------|
|          |  | ·   |                | Y/N   | Date   | - print     |
|          |  |   |                | 1.00  | 2.00   |             |
|          | General Instruction: Enter Y for all YES responses. Enter N  | l for all NO re                             | esponses. Ente | er all dates in t                           | he   |             |
|          | mm/dd/yyyy format.<br>COMPLETED BY ALL HOSPITALS   |   |                |   |  | _           |
|          | Provider Organization and Operation  |   |                |   |  | _           |
| . 00     | Has the provider changed ownership immediately prior to the  | e beginning of                              | the cost       | N   |  | 1.0         |
|          | reporting period? If yes, enter the date of the change in c  | column 2. (see                              |                |   |  |             |
|          |  |   | Y/N            | Date  | V/I  | _           |
| 00       |  |   | 1.00<br>N      | 2.00  | 3.00   |             |
| . 00     | Has the provider terminated participation in the Medicare F<br>yes, enter in column 2 the date of termination and in colum<br>voluntary or "I" for involuntary.  |   | N N            |   |  | 2.0         |
| . 00     | Is the provider involved in business transactions, includin<br>contracts, with individuals or entities (e.g., chain home or<br>or medical supply companies) that are related to the provid<br>officers, medical staff, management personnel, or members of<br>of directors through ownership, control, or family and other<br>relationships? (see instructions)  | offices, drug<br>der or its<br>of the board | N              |   |  | 3. (        |
|          |  | -   | Y/N            | Туре  | Date   |             |
|          |  |   | 1.00           | 2.00  | 3.00   |             |
| 00       | Financial Data and Reports<br>Column 1: Were the financial statements prepared by a Cert   |   | Y              | C   |  | 4. (        |
|          | Accountant? Column 2: If yes, enter "A" for Audited, "C" f<br>or "R" for Reviewed. Submit complete copy or enter date ava<br>column 3. (see instructions) If no, see instructions.   | ailable in                                  |                |   |  |             |
| 00       | Are the cost report total expenses and total revenues different those on the filed financial statements? If yes, submit reconcisional statements of the statement of the stateme |   | N              |   |  | 5.          |
|          |  |   |                | Y/N   | Legal Oper.  | -           |
|          |  |   |                | 1.00  | 2.00   |             |
|          | Approved Educational Activities  |   |                |   |  |             |
| 00       | Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?   | 5   | he provider is | S N   |  | 6.0         |
| 00<br>00 | Are costs claimed for Allied Health Programs? If "Y" see in<br>Were nursing school and/or allied health programs approved<br>cost reporting period? If yes, see instructions.  |   | d during the   | N<br>N                                      |  | 7. (        |
| 00       | Are costs claimed for Interns and Residents in an approved   |   | cal education  | Ν   |  | 9.1         |
| D. 00    | program in the current cost report? If yes, see instruction<br>Was an approved Intern and Resident GME program initiated c<br>cost reporting period? If yes, see instructions.   |   | the current    | Ν   |  | 10.         |
| 1.00     | Are GME cost directly assigned to cost centers other than I<br>Teaching Program on Worksheet A? If yes, see instructions.  | & R in an App                               | proved         | N   |  | 11.         |
|          |  |   |                | ·   | Y/N<br>1.00  |             |
|          | Bad Debts  |   |                |   |  |             |
|          | Is the provider seeking reimbursement for bad debts? If yes<br>If line 12 is yes, did the provider's bad debt collection p<br>period? If yes, submit copy.   |   |                | ost reporting                               | Y<br>N   | 12.<br>13.  |
| . 00     | If line 12 is yes, were patient deductibles and/or co-payme<br>Bed Complement  | ents waived? I                              | fyes, see in:  | structions.                                 | N  | 14.         |
| . 00     | Did total beds available change from the prior cost reporti  |   |                |   | N + D  | 15.         |
|          |  | Y/N   | rt A<br>Date   | Par<br>Y/N                                  | <u>тв</u><br>Date  |             |
|          |  | 1.00  | 2.00           | 3.00  | 4.00   |             |
|          | PS&R Data  |   |                |   |  |             |
| . 00     | Was the cost report prepared using the PS&R Report only?<br>If either column 1 or 3 is yes, enter the paid-through<br>date of the PS&R Report used in columns 2 and 4 .(see  | N   |                | N   |  | 16.         |
| . 00     | instructions)<br>Was the cost report prepared using the PS&R Report for<br>totals and the provider's records for allocation? If<br>either column 1 or 3 is yes, enter the paid-through date  | Y   | 04/01/2021     | Y   | 04/01/2021   | 17.         |
| . 00     | in columns 2 and 4. (see instructions)<br>If line 16 or 17 is yes, were adjustments made to PS&R<br>Report data for additional claims that have been billed<br>but are not included on the PS&R Report used to file this   | N   |                | Ν   |  | 18.         |
| 9. 00    | cost report? If yes, see instructions.<br>If line 16 or 17 is yes, were adjustments made to PS&R<br>Report data for corrections of other PS&R Report   | Ν   |                | Ν   |  | 19.         |

| Health Fi | nanc | ial Sys  | tems     |      |                | HARRI SON       | COUNTY | HOSPI TAL |
|-----------|------|----------|----------|------|----------------|-----------------|--------|-----------|
| HOSPI TAL | AND  | HOSPI TA | L HEALTH | CARE | REI MBURSEMENT | QUESTI ONNAI RE |        | Provi der |
|           |      |          |          |      |                |                 |        |           |
|           |      |          |          |      |                |                 |        |           |

From 01/01/2020 Part II Date/Time Prepared: То 12/31/2020 6/28/2021 3:11 pm Description Y/N Y/N 1.00 3.00 0 20.00 |If line 16 or 17 is yes, were adjustments made to PS&R Ν Ν 20.00 Report data for Other? Describe the other adjustments: 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 Ν Ν 21.00 records? If yes, see instructions. 1.00 COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) Capital Related Cost 22.00 Have assets been relifed for Medicare purposes? If yes, see instructions Ν 22 00 23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost Ν 23.00 reporting period? If yes, see instructions. 24 00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? Ν 24 00 If ves see instructions 25 00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see Ν 25 00 instructions. 26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see Ν 26.00 instructions. Has the provider's capitalization policy changed during the cost reporting period? If yes, submit 27.00 Ν 27.00 copy. Interest Expense Were new loans, mortgage agreements or letters of credit entered into during the cost reporting 28.00 28.00 Ν period? If yes, see instructions. 29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) Ν 29.00 treated as a funded depreciation account? If yes, see instructions Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see 30.00 Ν 30 00 instructions. 31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see Ν 31.00 instructions. Purchased Services 32.00 Have changes or new agreements occurred in patient care services furnished through contractual Ν 32 00 arrangements with suppliers of services? If yes, see instructions. If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If 33.00 Ν 33.00 no, see instructions. Provider-Based Physicians 34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? Υ 34 00 If yes, see instructions. 35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based Ν 35.00 physicians during the cost reporting period? If yes, see instructions Y/N Date 1.00 2.00 Home Office Costs 36.00 Were home office costs claimed on the cost report? Ν 36.00 37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? Ν 37.00 If yes, see instructions. If line 36 is yes, was the fiscal year end of the home office different from that of 38 00 38 00 Ν the provider? If yes, enter in column 2 the fiscal year end of the home office. 39.00 If line 36 is yes, did the provider render services to other chain components? If yes, Ν 39.00 see instructions. 40.00 If line 36 is yes, did the provider render services to the home office? If yes, see Ν 40.00 instructions. 1.00 2.00 Cost Report Preparer Contact Information CLINT BRI LL 41.00 Enter the first name, last name and the title/position 41.00 held by the cost report preparer in columns 1, 2, and 3, respecti vel y. 42.00 Enter the employer/company name of the cost report BLUE AND COMPANY 42.00

Provider CCN: 15-1331

Peri od:

In Lieu of Form CMS-2552-10

Worksheet S-2

43.00

preparer. 502.992.3512 CBRI LL@BLUEANDCO. COM 43.00 Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.

| Heal th | Financial Systems HARRISON                              | COUNTY | Y HOSPITAL            |    | In Lieu                  | u of Form CMS-           | 2552-10        |
|---------|---|--------|-----------------------|----|--------------------------|--------------------------|----------------|
| HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |        | Provider CCN: 15-1331 |    | eriod:<br>com 01/01/2020 | Worksheet S-2<br>Part II |                |
|         |   |        |                       | To |                          |                          | pared:<br>1 pm |
|         |   |        |                       |    |                          |                          |                |
|         |   |        | 3.00                  |    |                          |                          |                |
|         | Cost Report Preparer Contact Information                |        |                       |    |                          |                          |                |
| 41.00   | Enter the first name, last name and the title/position  | SE     | ENI OR MANAGER        |    |                          |                          | 41.00          |
|         | held by the cost report preparer in columns 1, 2, and 3 | 3,     |                       |    |                          |                          |                |
|         | respecti vel y.   |        |                       |    |                          |                          |                |
| 42.00   | Enter the employer/company name of the cost report      |        |                       |    |                          |                          | 42.00          |
|         | preparer.   |        |                       |    |                          |                          |                |
| 43.00   | Enter the telephone number and email address of the cos | st     |                       |    |                          |                          | 43.00          |
|         | report preparer in columns 1 and 2, respectively.       |        |                       |    |                          |                          |                |

|                | Financial Systems                             | HARRISON COUNT |             | N 1E 1001    |                            | u of Form CMS-2                 |                |
|----------------|---|----------------|-------------|--------------|----------------------------|---------------------------------|----------------|
| HUSPII         | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC | AL DATA        | Provider CC | N: 15-1331   | Period:<br>From 01/01/2020 | Worksheet S-3<br>Part I         |                |
|                |   |                |             |              | To 12/31/2020              | Date/Time Prep<br>6/28/2021 3:1 |                |
|                |   |                |             |              |                            | I/P Days / 0/P                  |                |
|                |   |                |             |              |                            | Visits / Trips                  |                |
|                | Component                                     | Worksheet A    | No. of Beds | Bed Days     | CAH Hours                  | Title V                         |                |
|                |   | Line Number    |             | Avai I abl e |                            |                                 |                |
|                |   | 1.00           | 2.00        | 3.00         | 4.00                       | 5.00                            |                |
| 1.00           | Hospital Adults & Peds. (columns 5, 6, 7 and  | 30. 00         | 21          | 7,68         | 86 77, 904. 00             | 0                               | 1.00           |
|                | 8 exclude Swing Bed, Observation Bed and      |                |             |              |                            |                                 |                |
|                | Hospice days) (see instructions for col. 2    |                |             |              |                            |                                 |                |
|                | for the portion of LDP room available beds)   |                |             |              |                            |                                 |                |
| 2.00           | HMO and other (see instructions)              |                |             |              |                            |                                 | 2.00           |
| 3.00           | HMO I PF Subprovi der                         |                |             |              |                            |                                 | 3.00           |
| 4.00           | HMO I RF Subprovi der                         |                |             |              |                            |                                 | 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   |                | 21          | 7,68         | 86 77, 904. 00             | 0                               | 7.00           |
| 0 00           | beds) (see instructions)                      | 21 00          | 4           | 1 4          | (4 10 17( 00               | 0                               | 0.00           |
| 8.00           |   | 31.00          | 4           | 1, 40        | 64 10, 176. 00             | 0                               | 8.00           |
| 9.00           | CORONARY CARE UNIT                            |                |             |              |                            |                                 | 9.00           |
| 10.00          | BURN INTENSIVE CARE UNIT                      |                |             |              |                            |                                 | 10.00          |
| 11.00          | SURGI CAL I NTENSI VE CARE UNI T              |                |             |              |                            |                                 | 11.00          |
| 12.00<br>13.00 | OTHER SPECIAL CARE (SPECIFY)<br>NURSERY       | 43.00          |             |              |                            | 0                               | 12.00<br>13.00 |
| 13.00          | Total (see instructions)                      | 43.00          | 25          | 9, 1         | 50 88, 080. 00             | 0                               | 14.00          |
| 14.00          | CAH visits                                    |                | 20          | 9, 1;        | 66, 060. 00                | 0                               | 14.00          |
| 16.00          | SUBPROVIDER - IPF                             |                |             |              |                            | 0                               | 16.00          |
| 17.00          | SUBPROVIDER - IRF                             |                |             |              |                            |                                 | 17.00          |
| 18.00          | SUBPROVI DER                                  |                |             |              |                            |                                 | 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)                    |                | 25          |              |                            |                                 | 27.00          |
| 28.00          | Observation Bed Days                          |                |             |              |                            | 0                               | 28.00          |
| 29.00          | Ambul ance 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         |                |             |              |                            |                                 | 32.01          |
|                | outpatient days (see instructions)            |                |             |              |                            |                                 |                |
| 33.00          | LTCH non-covered days                         |                |             |              |                            |                                 | 33.00          |
| 33.01          | LTCH site neutral days and discharges         |                |             |              |                            |                                 | 33.01          |

| HOSPI T  | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.   | AL DATA            | Provider CC    | N: 15-1331            |                        | eriod:<br>com 01/01/2020<br>0 12/31/2020 | Worksheet S-3<br>Part I<br>Date/Time Pre<br>6/28/2021 3:1 | pared:   |
|--|--|--------------------|----------------|-----------------------|------------------------|--|---|--|
|  |  | I/P Days           | / O/P Visits   | / Trips               |                        | Full Time E                              | Equi val ents   |  |
|  | Component  | Title XVIII        | Title XIX      | Total All<br>Patients |                        | Total Interns<br>& Residents             | Employees On<br>Payroll                                   |  |
|  |  | 6.00               | 7.00           | 8.00                  |                        | 9.00                                     | 10.00   |  |
| 1.00<br>2.00<br>3.00   | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds)<br>HMO and other (see instructions)<br>HMO IPF Subprovider  | 1, 325<br>590<br>0 | 67<br>819<br>0 | 3, 2                  | 46                     |  |   | 1.00<br>2.00<br>3.00   |
| 4.00   | HMO I RF Subprovider   | 0                  | o              |                       |                        |  |   | 4.00   |
| 5.00<br>6.00   | Hospital Adults & Peds. Swing Bed SNF<br>Hospital Adults & Peds. Swing Bed NF  | 225                | 0              | 22                    | 25<br>0                |  |   | 5.00<br>6.00   |
| 7.00   | Total Adults and Peds. (exclude observation beds) (see instructions)   | 1, 550             | 67             | 3, 4                  | -                      |  |   | 7.00   |
| 8.00<br>9.00<br>10.00<br>11.00<br>12.00  | I NTEŃSI VE CARE UNI T<br>CORONARY CARE UNI T<br>BURN I NTENSI VE CARE UNI T<br>SURGI CAL I NTENSI VE CARE UNI T<br>OTHER SPECI AL CARE (SPECI FY)   | 193                | 2              |                       | 24                     |  |   | 8.00<br>9.00<br>10.00<br>11.00<br>12.00  |
| 13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00<br>20.00<br>21.00<br>22.00<br>23.00<br>24.00<br>24.10<br>25.00 | NURSERY<br>Total (see instructions)<br>CAH visits<br>SUBPROVIDER - IPF<br>SUBPROVIDER - IRF<br>SUBPROVIDER<br>SKILLED NURSING FACILITY<br>NURSING FACILITY<br>OTHER LONG TERM CARE<br>HOME HEALTH AGENCY<br>AMBULATORY SURGICAL CENTER (D.P.)<br>HOSPICE<br>HOSPICE (non-distinct part)<br>CMHC - CMHC                                   | 1, 743<br>0        | 11<br>80<br>0  | 6<br>4, 5             | 95<br>90<br>0          | 0.00                                     | 499. 15   | 15. 00<br>16. 00<br>17. 00<br>18. 00<br>20. 00<br>21. 00<br>22. 00<br>23. 00<br>24. 00<br>24. 10<br>25. 00 |
| 26.00<br>26.25<br>27.00<br>28.00<br>29.00<br>30.00<br>31.00<br>32.00<br>32.01  | RURAL HEALTH CLINIC<br>FEDERALLY QUALIFIED HEALTH CENTER<br>Total (sum of lines 14-26)<br>Observation Bed Days<br>Ambulance Trips<br>Employee discount days (see instruction)<br>Employee discount days - IRF<br>Labor & delivery days (see instructions)<br>Total ancillary labor & delivery room<br>outpatient days (see instructions) | 0<br>1, 843<br>0   | 0<br>17<br>0   | 90                    | 0<br>68<br>0<br>0<br>0 | 0. 00<br>0. 00                           | 0. 00<br>499. 15  |  |
| 33. 00<br>33. 01   | LTCH non-covered days<br>LTCH si te neutral days and discharges  | 0<br>0             |                |                       |                        |  |   | 33. 00<br>33. 01   |

| HOSPI   | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC   | AL DATA                  | Provider CC    | CN: 15-1331 | Period:<br>From 01/01/2020<br>To 12/31/2020  | Worksheet S-3<br>Part I<br>Date/Time Prep<br>6/28/2021 3:1 |   |
|---|---|--------------------------|----------------|-------------|--|--|---|
|   |   | Full Time<br>Equivalents |                | Di s        | charges  |  |   |
|   | Component   | Nonpai d<br>Workers      | Title V        | Title XVIII | Title XIX  | Total All<br>Patients                                      |   |
|   |   | 11.00                    | 12.00          | 13.00       | 14.00  | 15.00  |   |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>14.00<br>15.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00<br>20.00<br>21.00<br>22.00<br>23.00<br>23.00 | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds)<br>HMO and other (see instructions)<br>HMO IPF Subprovider<br>HMO IPF Subprovider<br>Hospital Adults & Peds. Swing Bed SNF<br>Hospital Adults & Peds. Swing Bed SNF<br>Total Adults and Peds. (exclude observation<br>beds) (see instructions)<br>INTENSIVE CARE UNIT<br>CORONARY CARE UNIT<br>SURGICAL INTENSIVE CARE UNIT<br>SURGICAL INTENSIVE CARE UNIT<br>OTHER SPECIAL CARE (SPECIFY)<br>NURSERY<br>Total (see instructions)<br>CAH visits<br>SUBPROVIDER - IPF<br>SUBPROVIDER - IPF<br>SUBPROVIDER<br>SKILLED NURSING FACILITY<br>NURSING FACILITY<br>OTHER LONG TERM CARE<br>HOME HEALTH AGENCY<br>AMBULATORY SURGICAL CENTER (D.P.) | 0.00                     | <u>12.00</u> 0 | 3;<br>1:    | 14.00           33         26           33         214           0         0           83         26 | <u>15. 00</u><br>1, 085<br>1, 085                          | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>7.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00<br>20.00<br>21.00<br>22.00 |
| 24.00<br>24.10<br>25.00<br>26.25<br>27.00<br>28.00<br>29.00<br>30.00<br>31.00<br>32.00<br>32.01<br>33.00  | HOSPICE<br>HOSPICE (non-distinct part)<br>CMHC - CMHC<br>RURAL HEALTH CLINIC<br>FEDERALLY QUALIFIED HEALTH CENTER<br>Total (sum of lines 14-26)<br>Observation Bed Days<br>Ambulance Trips<br>Employee discount days (see instruction)<br>Employee discount days - IRF<br>Labor & delivery days (see instructions)<br>Total ancillary labor & delivery room<br>outpatient days (see instructions)<br>LTCH non-covered days<br>LTCH site neutral days and discharges   | 0. 00<br>0. 00           |                |             | 0<br>0   |  | 24. 00<br>24. 10<br>25. 00<br>26. 00<br>26. 25<br>27. 00<br>28. 00<br>29. 00<br>30. 00<br>31. 00<br>32. 01<br>33. 00<br>33. 01  |

| Heal th        | Financial Systems HARRISON COUNTY H   | HOSPI TAL     |               | In Lie                           | u of Form CMS-                 | 2552-10   |
|----------------|---|---------------|---------------|----------------------------------|--------------------------------|-----------|
| HOSPI T        | AL UNCOMPENSATED AND INDIGENT CARE DATA   | Provider CCN  | N: 15-1331    | Peri od:                         | Worksheet S-1                  | 0         |
|                |   |               |               | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre<br>6/28/2021 3:1 |           |
|                |   |               |               |                                  | 1.00                           |           |
|                | Uncompensated and indigent care cost computation  |               |               |                                  | 1.00                           |           |
| 1.00           | Cost to charge ratio (Worksheet C, Part I line 202 column 3 div   | vided by lin  | e 202 columr  | 18)                              | 0. 274836                      | 1.00      |
|                | Medicaid (see instructions for each line)   |               |               |                                  |                                |           |
| 2.00           | Net revenue from Medicaid   |               |               |                                  | 6, 556, 036                    | 2.00      |
| 3.00           | Did you receive DSH or supplemental payments from Medicaid?   |               |               |                                  | Y                              | 3.00      |
| 4.00           | If line 3 is yes, does line 2 include all DSH and/or supplement   |               |               | ni d?                            | Y                              | 4.00      |
| 5.00           | If line 4 is no, then enter DSH and/or supplemental payments f  | rom Medicaid  |               |                                  | 0                              |           |
| 6.00           | Medicaid charges  |               |               |                                  | 35, 843, 547                   |           |
| 7.00<br>8.00   | Medicaid cost (line 1 times line 6)<br>Difference between net revenue and costs for Medicaid program                              | (lino 7 minu  | s sum of lir  | oc 2 and 5 if                    | 9, 851, 097<br>3, 295, 061     |           |
| 8.00           | < zero then enter zero)   |               | S SUII OF TH  |                                  | 3, 295, 001                    | 0.00      |
|                | Children's Health Insurance Program (CHIP) (see instructions for  | or each line` | )             |                                  |                                |           |
| 9.00           | Net revenue from stand-al one 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                              |           |
| 12.00          | Difference between net revenue and costs for stand-alone CHIP   | (line 11 min  | us line 9; i  | f < zero then                    | 0                              | 12.00     |
|                | enter zero)   |               |               |                                  |                                |           |
| 12 00          | Other state or local government indigent care program (see ins:   |               |               |                                  | 0                              | 12.00     |
| 13.00<br>14.00 | Net revenue from state or local indigent care program (Not inc<br>Charges for patients covered under state or local indigent care |               |               |                                  | 0                              |           |
| 14.00          | 10)   | e program (M  |               | TH THES 6 01                     | 0                              | 14.00     |
| 15.00          | State or local indigent care program cost (line 1 times line 1-   | 4)            |               |                                  | 0                              | 15.00     |
| 16.00          | Difference between net revenue and costs for state or local in  |               | program (lir  | e 15 minus line                  | 0                              |           |
|                | 13; if < zero then enter zero)  | 0             |               |                                  |                                |           |
|                | Grants, donations and total unreimbursed cost for Medicaid, CHI   | IP and state, | /local indig  | ent care program                 | ns (see                        |           |
| 47 00          | instructions for each line)   |               |               |                                  |                                | 1 4 7 9 9 |
|                | Private grants, donations, or endowment income restricted to fu   |               |               |                                  | 0                              |           |
| 18.00<br>19.00 | Government grants, appropriations or transfers for support of<br>Total unreimbursed cost for Medicaid, CHIP and state and Loca    |               |               | (sum of lines                    | 0<br>3, 295, 061               |           |
| 17.00          | 8, 12 and 16)   | i indigent e  |               |                                  | 3, 273, 001                    | 17.00     |
|                |   |               | Uni nsured    | Insured                          | Total (col. 1                  |           |
|                |   | _             | patients      | patients                         | + col. 2)                      |           |
|                | Uncomponented Core (coop instructions for each line)  |               | 1.00          | 2.00                             | 3.00                           |           |
| 20.00          | Uncompensated Care (see instructions for each line)<br>Charity care charges and uninsured discounts for the entire fa             | cility        | 660, 32       | 20 1, 307, 893                   | 1, 968, 213                    | 20.00     |
| 20.00          | (see instructions)  |               | 000, 52       | 1, 307, 073                      | 1, 700, 213                    | 20.00     |
| 21.00          | Cost of patients approved for charity care and uninsured disco  | unts (see     | 181, 48       | 1, 307, 893                      | 1, 489, 373                    | 21.00     |
|                | instructions)   |               |               |                                  | ,, .                           |           |
| 22.00          | Payments received from patients for amounts previously written  | off as        |               | 0 0                              | 0                              | 22.00     |
|                | chari ty care   |               |               |                                  |                                |           |
| 23.00          | Cost of charity care (line 21 minus line 22)  |               | 181, 48       | 1, 307, 893                      | 1, 489, 373                    | 23.00     |
|                |   |               |               |                                  | 1.00                           |           |
| 24 00          | Does the amount on line 20 column 2, include charges for patie  | nt days beyo  | nd a length   | of stav limit                    | N 1.00                         | 24.00     |
| 211 00         | imposed on patients covered by Medicaid or other indigent care  |               | na a rongen   | or oray rimit                    |                                | 200       |
| 25.00          | If line 24 is yes, enter the charges for patient days beyond the  |               | care program  | 's length of                     | 0                              | 25.00     |
|                | stay limit  |               |               |                                  |                                |           |
|                | Total bad debt expense for the entire hospital complex (see in:   |               |               |                                  | 4, 279, 268                    |           |
|                | Medicare reimbursable bad debts for the entire hospital complex   |               |               |                                  | 486, 358                       |           |
|                | Medicare allowable bad debts for the entire hospital complex (  | see instruct  | ions)         |                                  | 748, 244                       |           |
| 28.00          | Non-Medicare bad debt expense (see instructions)  | nonco (co- !; | notruoti s>   |                                  | 3, 531, 024                    |           |
| 29.00<br>30.00 | Cost of non-Medicare and non-reimbursable Medicare bad debt ex<br>Cost of uncompensated care (line 23 column 3 plus line 29)      | pense (see II | INSTRUCTIONS) |                                  | 1, 232, 339<br>2, 721, 712     |           |
|                | Total unreimbursed and uncompensated care cost (line 19 plus 1)   | ine 30)       |               |                                  | 6, 016, 773                    |           |
| 51.00          | Total uniernibulsed and uncompensated care cost (TTHE 19 plus 1   | 110 30)       |               |                                  | 0,010,773                      | 1 31.00   |

| FCLAS          | Financial Systems<br>SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O                | HARRISON COUNT | Provider C   | CN: 15-1331                | Peri od:                         | u of Form CMS-2<br>Worksheet A                      | 2002 |
|----------------|---|----------------|--------------|----------------------------|----------------------------------|---|------|
|                |   |                |              | 1                          | From 01/01/2020<br>Fo 12/31/2020 |   |      |
|                | Cost Center Description   | Sal ari es     | Other        | Total (col. 1<br>+ col. 2) | Reclassificati<br>ons (See A-6)  | Reclassified<br>Trial Balance<br>(col.3+-<br>col.4) |      |
|                |   | 1.00           | 2.00         | 3.00                       | 4.00                             | 5.00  |      |
|                | GENERAL SERVICE COST CENTERS  |                |              |                            |                                  |   |      |
| 00             | 00100 NEW CAP REL COSTS-BLDG & FIXT   |                | 1, 529, 728  |                            |                                  | 1, 764, 422   |      |
| 01             | 00101 MOB   |                | 658, 330     |                            |                                  | 658, 330  |      |
| 02             | 00102 AMB DEPR<br>00200 NEW CAP REL COSTS-MVBLE EQUIP                             |                | 1 172 000    |                            | 65, 303                          |   |      |
| 00<br>01       | 00200 New CAP REL COSTS-MUBLE EQUIP   |                | 1, 172, 889  |                            | 9 3, 970<br>0 166, 506           | 1, 176, 859<br>166, 506                             |      |
| 00             | 00400 EMPLOYEE BENEFITS DEPARTMENT  | 184, 915       | 625, 856     |                            |                                  | 1, 023, 105   |      |
| 00             | 00590 ADMI NI STRATI VE & GENERAL   | 1, 567, 314    | 5, 143, 194  |                            |                                  | 6, 708, 712   |      |
| 02             | 00570 ADMINISTRATIVE & GENERAL  | 477,069        | 157, 923     |                            |                                  | 634, 992  |      |
| 03             | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   | 416,065        | 718, 467     |                            |                                  | 1, 134, 532   |      |
| 00             | 00700 OPERATION OF PLANT  | 259, 501       | 1, 468, 997  |                            |                                  | 1, 728, 498   |      |
| 00             | 00800 LAUNDRY & LINEN SERVICE   | 22, 912        | 239, 509     |                            |                                  | 262, 421  | 8.   |
| 00             | 00900 HOUSEKEEPI NG   | 523, 965       | 334, 300     |                            |                                  | 858, 265  |      |
| 0.00           | 01000 DI ETARY  | 439, 969       | 446, 358     |                            |                                  |   |      |
| 1.00           | 01100 CAFETERI A  | 0              | 0            |                            | 496, 343                         | 496, 343  |      |
| 3.00           | 01300 NURSI NG ADMI NI STRATI ON  | 665, 564       | 199, 730     |                            |                                  | 865, 294  |      |
| 4.00           | 01400 CENTRAL SERVICES & SUPPLY   | 218, 166       | 2, 673, 487  |                            |                                  | 837, 106  |      |
| 5.00           | 01600 MEDI CAL RECORDS & LI BRARY   | 608, 410       | 308, 709     |                            |                                  | 917, 044  |      |
|                | 01700 SOCIAL SERVICE  | 383, 794       | 88, 830      | 472, 624                   |                                  | 472, 624  |      |
|                | INPATIENT ROUTINE SERVICE COST CENTERS  |                |              |                            |                                  |   |      |
| 0. 00          | 03000 ADULTS & PEDIATRICS   | 4, 240, 653    | 1, 628, 231  | 5, 868, 884                | 4 -174, 926                      | 5, 693, 958   | 30.  |
| 1.00           | 03100 I NTENSI VE CARE UNI T  | 346, 060       | 116, 405     | 462, 465                   | 5 -1, 277                        | 461, 188  | 31.  |
| 3.00           | 04300 NURSERY   | 0              | 145          | 14                         | 5 140, 581                       | 140, 726  | 43.  |
|                | ANCILLARY SERVICE COST CENTERS  |                |              | •                          |                                  |   |      |
| 0. 00          | 05000 OPERATING ROOM  | 977, 744       | 794, 099     | 1, 771, 843                | -225, 807                        | 1, 546, 036   | 50.  |
| 2.00           | 05200 DELIVERY ROOM & LABOR ROOM  | 0              | 0            | (                          | 0 0                              | 0   | 52.  |
| 3.00           | 05300 ANESTHESI OLOGY   | 0              | 1, 103, 385  | 1, 103, 38                 | 5 -18, 924                       | 1, 084, 461   | 53.  |
| 4.00           | 05400 RADI OLOGY-DI AGNOSTI C   | 997, 885       | 1, 006, 133  | 2, 004, 018                | 3 -73, 548                       | 1, 930, 470   | 54.  |
| 0. 00          | 06000 LABORATORY  | 808, 139       | 1, 688, 575  | 2, 496, 714                | 4 -181, 262                      | 2, 315, 452   | 60.  |
| 5.00           | 06500 RESPI RATORY THERAPY  | 0              | 547, 029     | 547, 029                   | -37, 190                         | 509, 839  | 65.  |
| 5.00           | 06600 PHYSI CAL THERAPY   | 356, 719       | 76, 539      | 433, 258                   | 3 -65, 595                       | 367, 663  | 66.  |
| 7.00           | 06700 OCCUPATI ONAL THERAPY   | 0              | 193          | 193                        | 60, 829                          | 61, 022   | 67.  |
| 8.00           | 06800 SPEECH PATHOLOGY  | 0              | 0            |                            | 4, 766                           | 4, 766  | 68.  |
| 00 .           | 06900 ELECTROCARDI OLOGY  | 422, 402       | 168, 903     | 591, 30                    | 5 12, 254                        | 603, 559  | 69.  |
| . 00           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0              | 0            | (                          | 1, 785, 966                      | 1, 785, 966   | 71.  |
| 2.00           | 07200 IMPL. DEV. CHARGED TO PATIENT   | 0              | 0            |                            | 1, 303, 624                      |   |      |
| 8.00           | 07300 DRUGS CHARGED TO PATIENTS   | 352, 052       | 2, 518, 489  | 2, 870, 54                 | -6, 243                          | 2, 864, 298   | 73   |
|                | OUTPATIENT SERVICE COST CENTERS   |                |              |                            |                                  |   |      |
| . 00           | 09000 CLINIC  | 19, 172        | 55, 080      |                            |                                  |   |      |
| . 01           | 09001 SENI OR CARE  | 98, 506        | 154, 842     |                            |                                  | 253, 334  |      |
|                | 09002 GENERAL SURGERY   | 869, 597       | 276, 939     |                            |                                  |   |      |
|                | 09003 HARRI SON CRAWFORD HEALTHCARE   | 571,076        | 291, 339     |                            |                                  |   |      |
|                | 09004 CORYDON MEDICAL ASSOCIATES  | 514, 222       | 243, 491     |                            |                                  |   |      |
| 0.05           | 09005 ORTHOPEDIC SURGERY - DR KLINE   | 1, 208, 786    | 633, 401     |                            |                                  | 1, 467, 203   |      |
| . 06           | 09006 OBGYN - DR SAUER  | 495, 052       | 207, 284     |                            |                                  | 697, 222  |      |
| . 00           | 09100 EMERGENCY   | 1, 572, 653    | 959, 489     | 2, 532, 142                | 2 -13, 865                       | 2, 518, 277   |      |
| . 00           | 09200 OBSERVATION BEDS (NON-DISTINCT PART)  |                |              |                            |                                  |   | 92.  |
| ~~             | OTHER REIMBURSABLE COST CENTERS   | 2, 231, 383    | 1 4/2 002    | 2 (05 10)                  | 417.000                          | 2 277 002   |      |
| . 00           | 09500 AMBULANCE SERVICES<br>SPECIAL PURPOSE COST CENTERS                          | 2, 231, 383    | 1, 463, 802  | 3, 695, 18                 | 5 -417, 202                      | 3, 277, 983   | 95.  |
| 2 00           | 11300 INTEREST EXPENSE  |                | 204, 950     | 204, 950                   | -204, 950                        | Ō   | 113. |
| 8.00           |   | 21 040 745     |              |                            |                                  |   |      |
| 0. UL          | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS            | 21, 849, 745   | 29, 905, 050 | 51, 754, 79                | 5 58, 851                        | 51, 813, 646  | 1,18 |
|                | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0              | 0            |                            | 0 0                              |   | 190. |
| vu. UL         | 19000 GFFT, FLOWER, COFFEE SHOP & CANTEEN<br>19200 PHYSI CLANS' PRI VATE OFFI CES | 5, 287, 340    | 3, 368, 177  |                            |                                  | 8, 596, 666   |      |
| 22 00          | TZOOTHIJICIANG FRIVAIL UIFICES  | 5, 207, 340    | 5, 300, 177  | 0,000,01                   | 0 -58,851                        |   | 192. |
| 92.00          |   |                |              |                            |                                  |   |      |
| 94.00          | 07950 MARKETING   | 116 700        | 240 044      | 457 74                     |                                  |   |      |
| 94.00<br>94.01 | 07950 MARKETING<br>07951 PHYSICIAN BILLING<br>07952 MOB                           | 416, 798       | 240, 944     | 657, 742                   |                                  | 657, 742  |      |

| GENERA           00         001001           01         001011           02         001021           00         002001           01         002011           00         002001           01         002011           00         004001           01         005901           02         005701           03         005801           00         007001           00         009001           00         010001           00         010001           00         014001           00         014001           00         014001           00         014001           00         031001           00         031001           00         031001           00         053001           00         054001           00         054001           00         066001           00         067001           00         067001           00         073001           00         073001           00         073001           00         073001<  | AMB DEPR<br>NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMI NI STRATI VE & GENERAL<br>ADMI TTI NG<br>CASHI ERI NG/ACCOUNTS RECEI VABLE<br>OPERATI ON OF PLANT<br>LAUNDRY & LI NEN SERVI CE<br>HOUSEKEEPI NG<br>DI ETARY<br>CAFETERI A<br>NURSI NG ADMI NI STRATI ON   | Adj ustments<br>(See A-8)<br>6.00<br>-22,438<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C | 658, 330<br>65, 303<br>1, 176, 859<br>166, 506<br>979, 776  | <br>To 12/31/2020 | Date/Time Prepa<br>6/28/2021 3:11 | 1. 0           |
|--|--|---|---|-------------------|-----------------------------------|----------------|
| GENERA           00         001001           01         001011           02         001021           00         002001           01         002011           00         002001           01         002011           00         004001           01         005901           02         005701           03         005801           00         007001           00         009001           00         010001           00         010001           00         014001           00         014001           00         014001           00         014001           00         031001           00         031001           00         031001           00         053001           00         054001           00         054001           00         066001           00         067001           00         067001           00         073001           00         073001           00         073001           00         073001<  | AL SERVICE COST CENTERS<br>NEW CAP REL COSTS-BLDG & FIXT<br>MOB<br>AMB DEPR<br>NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMI NI STRATIVE & GENERAL<br>ADMI TI NG<br>CASHI ERI NG/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DI ETARY<br>CAFETERIA<br>NURSING ADMINI STRATION                       | (See A-8)<br>6.00<br>-22,438<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                 | For Allocation<br>7.00<br>1,741,984<br>658,330<br>65,303<br>1,176,859<br>166,506<br>979,776<br>5,187,112<br>634,992 |                   |                                   | 1.0            |
| 00         00100 f           01         00100 f           02         00100 f           01         00200 f           01         00200 f           01         00200 f           01         00200 f           01         00590 f           02         00570 f           03         00580 f           00         00700 f           00         00700 f           00         01000 f           00         01000 f           00         01400 f           00         03000 f           00         03000 f           00         0500 f           00         0500 f           00         0500 f           00         06600 f           00         06700 f           00         06700 f           00         07100 f           00         07300 f           00         07300 f   | NEW CAP REL COSTS-BLDG & FIXT<br>MOB<br>AMB DEPR<br>NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMITTING<br>CASHIERING/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION | 6.00<br>-22,438<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C                              | 7.00<br>1,741,984<br>658,330<br>65,303<br>1,176,859<br>166,506<br>979,776<br>5,187,112<br>634,992                   |                   |                                   | 1.0            |
| 00         00100 f           01         00100 f           02         00100 f           01         00200 f           01         00200 f           01         00200 f           01         00200 f           01         00590 f           02         00570 f           03         00580 f           00         00700 f           00         00700 f           00         01000 f           00         01000 f           00         01400 f           00         03000 f           00         03000 f           00         0500 f           00         0500 f           00         0500 f           00         06600 f           00         06700 f           00         06700 f           00         07100 f           00         07300 f           00         07300 f   | NEW CAP REL COSTS-BLDG & FIXT<br>MOB<br>AMB DEPR<br>NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMITTING<br>CASHIERING/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION | -22, 438<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C                                     | 1, 741, 984<br>658, 330<br>65, 303<br>1, 176, 859<br>166, 506<br>979, 776<br>5, 187, 112<br>634, 992                |                   |                                   | 1.0            |
| 00         00100 f           01         00100 f           02         00100 f           01         00200 f           01         00200 f           01         00200 f           01         00200 f           01         00590 f           02         00570 f           03         00580 f           00         00700 f           00         00700 f           00         01000 f           00         01000 f           00         01400 f           00         03000 f           00         03000 f           00         0500 f           00         0500 f           00         0500 f           00         06600 f           00         06700 f           00         06700 f           00         07100 f           00         07300 f           00         07300 f   | NEW CAP REL COSTS-BLDG & FIXT<br>MOB<br>AMB DEPR<br>NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMITTING<br>CASHIERING/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION | -43, 329<br>-43, 521, 600<br>0<br>-1, 521, 600<br>0<br>0  | 658, 330<br>65, 303<br>1, 176, 859<br>166, 506<br>979, 776<br>5, 187, 112<br>634, 992                               |                   |                                   | 1 0            |
| 01         00101           02         002001           01         002001           01         002001           01         00590           02         00570           03         00580           00         007001           00         007001           00         009001           00         010001           00         014001           00         014001           00         014001           00         014001           00         014001           00         014001           00         014001           00         014001           00         014001           00         014001           00         015001           00         052001           00         052001           00         065001           00         064001           00         064001           00         064001           00         071001           00         072001           00         073001           00         073001           00   | AMB DEPR<br>NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMI NI STRATI VE & GENERAL<br>ADMI TTI NG<br>CASHI ERI NG/ACCOUNTS RECEI VABLE<br>OPERATI ON OF PLANT<br>LAUNDRY & LI NEN SERVI CE<br>HOUSEKEEPI NG<br>DI ETARY<br>CAFETERI A<br>NURSI NG ADMI NI STRATI ON   | -43, 329<br>-43, 521, 600<br>0<br>-1, 521, 600<br>0<br>0  | 658, 330<br>65, 303<br>1, 176, 859<br>166, 506<br>979, 776<br>5, 187, 112<br>634, 992                               |                   |                                   | - L. U         |
| 00         00200             01         00201             00         00400             01         00590             02         00570             03         00580             00         00700             00         00700             00         00900             00         0100             00         0100             00         01000             00         01400             00         01400             00         01400             00         01400             00         03100             00         03100             00         04300             00         05400             00         05400             00         05400             00         05400             00         05400             00         06600             00         06700             00         06700             00         06700             00         07300             00         07300             00         07300             00         07300   <td>NEW CAP REL COSTS-MVBLE EQUIP<br/>AMB EQUIP<br/>EMPLOYEE BENEFITS DEPARTMENT<br/>ADMINISTRATIVE &amp; GENERAL<br/>ADMINISTRATIVE &amp; GENERAL<br/>ADMITTING<br/>CASHIERING/ACCOUNTS RECEIVABLE<br/>OPERATION OF PLANT<br/>LAUNDRY &amp; LINEN SERVICE<br/>HOUSEKEEPING<br/>DIETARY<br/>CAFETERIA<br/>NURSING ADMINISTRATION</td> <td>C<br/>C<br/>-43, 329<br/>-1, 521, 600<br/>C<br/>C<br/>C<br/>C<br/>C</td> <td>1, 176, 859<br/>166, 506<br/>979, 776<br/>5, 187, 112<br/>634, 992</td> <td></td> <td></td> <td>1. C</td>   | NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMITTING<br>CASHIERING/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION   | C<br>C<br>-43, 329<br>-1, 521, 600<br>C<br>C<br>C<br>C<br>C   | 1, 176, 859<br>166, 506<br>979, 776<br>5, 187, 112<br>634, 992  |                   |                                   | 1. C           |
| 00         00200             01         00201             00         00400             01         00590             02         00570             03         00580             00         00700             00         00700             00         00900             00         0100             00         0100             00         01000             00         01400             00         01400             00         01400             00         01400             00         03100             00         03100             00         04300             00         05400             00         05400             00         05400             00         05400             00         05400             00         06600             00         06700             00         06700             00         06700             00         07300             00         07300             00         07300             00         07300   <td>NEW CAP REL COSTS-MVBLE EQUIP<br/>AMB EQUIP<br/>EMPLOYEE BENEFITS DEPARTMENT<br/>ADMINISTRATIVE &amp; GENERAL<br/>ADMINISTRATIVE &amp; GENERAL<br/>ADMITTING<br/>CASHIERING/ACCOUNTS RECEIVABLE<br/>OPERATION OF PLANT<br/>LAUNDRY &amp; LINEN SERVICE<br/>HOUSEKEEPING<br/>DIETARY<br/>CAFETERIA<br/>NURSING ADMINISTRATION</td> <td>-43, 329<br/>-1, 521, 600<br/>C<br/>C<br/>C</td> <td>1, 176, 859<br/>166, 506<br/>979, 776<br/>5, 187, 112<br/>634, 992</td> <td></td> <td></td> <td>1. C</td>   | NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP<br>EMPLOYEE BENEFITS DEPARTMENT<br>ADMINISTRATIVE & GENERAL<br>ADMINISTRATIVE & GENERAL<br>ADMITTING<br>CASHIERING/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION   | -43, 329<br>-1, 521, 600<br>C<br>C<br>C   | 1, 176, 859<br>166, 506<br>979, 776<br>5, 187, 112<br>634, 992  |                   |                                   | 1. C           |
| 00         00400         1           01         00590         0           02         00570         0           03         00580         0           00         00700         0           00         00800         0           00         01000         1           00         01000         1           00         01000         1           00         01400         0           00         01400         0           00         01400         0           00         01400         0           00         01400         0           00         01400         0           00         03000         0           00         03000         0           00         05000         0           00         05000         0           00         05000         0           00         06600         0           00         06700         0           00         06700         0           00         07100         0           00         07300         0 <t< td=""><td>EMPLOYEE BENEFITS DEPARTMENT<br/>ADMINISTRATIVE &amp; GENERAL<br/>ADMITTING<br/>CASHIERING/ACCOUNTS RECEIVABLE<br/>OPERATION OF PLANT<br/>LAUNDRY &amp; LINEN SERVICE<br/>HOUSEKEEPING<br/>DIETARY<br/>CAFETERIA<br/>NURSING ADMINISTRATION</td><td>-43, 329<br/>-1, 521, 600<br/>C<br/>C<br/>C</td><td>979, 776<br/>5, 187, 112<br/>634, 992</td><td></td><td></td><td>2.0</td></t<>   | EMPLOYEE BENEFITS DEPARTMENT<br>ADMINISTRATIVE & GENERAL<br>ADMITTING<br>CASHIERING/ACCOUNTS RECEIVABLE<br>OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION   | -43, 329<br>-1, 521, 600<br>C<br>C<br>C   | 979, 776<br>5, 187, 112<br>634, 992   |                   |                                   | 2.0            |
| 01         00590           02         00570           03         00580           00         00700           00         00800           00         00900           00         01000           00         01000           00         01400           00         01400           00         01400           00         01400           00         01600           00         03000           00         03000           00         03000           00         03000           00         05000           00         05000           00         05000           00         05000           00         05000           00         06500           00         06600           00         06600           00         06700           00         06700           00         07100           00         07200           00         07300           00         07300           00         0700           00         0700   | ADMI NI STRATI VE & GENERAL<br>ADMI TTI NG<br>CASHI ERI NG/ACCOUNTS RECEI VABLE<br>OPERATI ON OF PLANT<br>LAUNDRY & LI NEN SERVI CE<br>HOUSEKEEPI NG<br>DI ETARY<br>CAFETERI A<br>NURSI NG ADMI NI STRATI ON   | -1, 521, 600<br>C<br>C<br>C   | 5, 187, 112<br>634, 992   |                   |                                   | 2.0            |
| 02         00570         /           03         00580         0           00         00700         0           00         00900         0           00         01000         1           00         01000         1           00         01400         1           00         01700         1           00         01400         1           00         01700         1           00         03000         1           00         03000         1           00         03000         1           00         03000         1           00         04300         1           00         05200         1           00         05000         1           00         05000         1           00         06500         1           00         06600         1           00         06700         1           00         07200         1           00         07200         1           00         07000         1           00         07300         1 <t< td=""><td>ADMI TTI NG<br/>CASHI ERI NG/ACCOUNTS RECEI VABLE<br/>OPERATI ON OF PLANT<br/>LAUNDRY &amp; LI NEN SERVI CE<br/>HOUSEKEEPI NG<br/>DI ETARY<br/>CAFETERI A<br/>NURSI NG ADMI NI STRATI ON</td><td></td><td>634, 992</td><td></td><td></td><td>4. (</td></t<>   | ADMI TTI NG<br>CASHI ERI NG/ACCOUNTS RECEI VABLE<br>OPERATI ON OF PLANT<br>LAUNDRY & LI NEN SERVI CE<br>HOUSEKEEPI NG<br>DI ETARY<br>CAFETERI A<br>NURSI NG ADMI NI STRATI ON  |   | 634, 992  |                   |                                   | 4. (           |
| 03         00580         0           00         00700         0           00         00900         1           00         01000         1           00         01000         1           00         01100         0           00         01400         1           00         01400         1           00         01400         1           00         01400         1           00         01400         1           00         01400         1           00         03100         1           00         05300         1           00         05400         1           00         05400         1           00         05400         1           00         05400         1           00         06600         1           00         06700         1           00         06700         1           00         07300         1           00         07300         1           00         07300         1           00         07300         1 <t< td=""><td>CASHI ERI NG/ACCOUNTS RECEI VABLE<br/>OPERATI ON OF PLANT<br/>LAUNDRY &amp; LI NEN SERVI CE<br/>HOUSEKEEPI NG<br/>DI ETARY<br/>CAFETERI A<br/>NURSI NG ADMI NI STRATI ON</td><td>-</td><td></td><td></td><td></td><td>5.0</td></t<>   | CASHI ERI NG/ACCOUNTS RECEI VABLE<br>OPERATI ON OF PLANT<br>LAUNDRY & LI NEN SERVI CE<br>HOUSEKEEPI NG<br>DI ETARY<br>CAFETERI A<br>NURSI NG ADMI NI STRATI ON   | -   |   |                   |                                   | 5.0            |
| 00         00700           00         00800           00         01000           00         01000           00         01000           00         01300           00         01400           00         01400           00         01400           00         01400           00         01400           00         01400           00         01400           00         03100           00         03100           00         05300           00         05300           00         05400           00         06400           00         06400           00         06400           00         07100           00         07200           00         07300           00         0700           00         07300           00         09001 §           01         09001 §           02         0902 §           03         09003 §           04         09004 §           05         09005 §           06         09006 § </td <td>OPERATION OF PLANT<br/>LAUNDRY &amp; LINEN SERVICE<br/>HOUSEKEEPING<br/>DIETARY<br/>CAFETERIA<br/>NURSING ADMINISTRATION</td> <td>-</td> <td>1, 134, 532</td> <td></td> <td></td> <td>5.(</td>   | OPERATION OF PLANT<br>LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION  | -   | 1, 134, 532   |                   |                                   | 5.(            |
| 00         00800             00         00900             00         01000             00         01300             00         01300             00         01400             00         01400             00         01400             00         01400             00         01400             00         01400             00         01400             00         01400             00         01400             00         01400             00         03000             00         03000             00         04300             00         05400             00         05400             00         05400             00         06600             00         06600             00         06700             00         06700             00         07100             00         07300             00         07300             01         09001             02         09002             03         09003             04         09004   </td <td>LAUNDRY &amp; LINEN SERVICE<br/>HOUSEKEEPING<br/>DIETARY<br/>CAFETERIA<br/>NURSING ADMINISTRATION</td> <td>-</td> <td></td> <td></td> <td></td> <td>5.(</td>  | LAUNDRY & LINEN SERVICE<br>HOUSEKEEPING<br>DIETARY<br>CAFETERIA<br>NURSING ADMINISTRATION  | -   |   |                   |                                   | 5.(            |
| 00         00900                     .00         01000                     .00         01300                     .00         01400                     .00         01400                     .00         01400                     .00         01400                     .00         01700                     .00         03000                     .00         03000                     .00         03000                     .00         04300                     .00         05000                     .00         05000                     .00         05000                     .00         05000                     .00         06000                     .00         06600                     .00         06700                     .00         07100                     .00         07200                     .00         07300                     .00         07300                     .01         09001                     .02         09002               <   | HOUSEKEEPI NG<br>DI ETARY<br>CAFETERI A<br>NURSI NG ADMI NI STRATI ON  | C   | .,.==,  |                   |                                   | 7.(            |
| .00         01000         I           .00         01100         I           .00         01400         I           .00         01600         I           .00         01600         I           .00         01700         I           .00         03000         I           .00         03000         I           .00         03000         I           .00         03000         I           .00         05000         I           .00         05200         I           .00         05300         I           .00         05400         I           .00         06500         I           .00         06600         I           .00         06600         I           .00         06700         I           .00         07100         I           .00         07200         I           .00         07300         I           .00         07300         I           .00         07300         I           .01         09001         I           .02         09002         I  | DI ETARY<br>CAFETERIA<br>NURSI NG ADMI NI STRATI ON  | 1   |   |                   |                                   | 8. (           |
| .00         01100         0           .00         01300         1           .00         01400         0           .00         01700         1           .00         01700         1           .00         03000         1           .00         03000         1           .00         03000         1           .00         03000         1           .00         05000         1           .00         05200         1           .00         05200         1           .00         05300         1           .00         06500         1           .00         06500         1           .00         06600         1           .00         06600         1           .00         06700         1           .00         07200         1           .00         07200         1           .00         07200         1           .00         07000         1           .00         07000         1           .01         09001         1           .02         09002         1  | CAFETERIA<br>NURSING ADMINISTRATION  | C   |   |                   |                                   | 9. (           |
| .00         01300 f           .00         01400 f           .00         01600 f           .00         03000 f           .00         05300 f           .00         05300 f           .00         05400 f           .00         05400 f           .00         06600 f           .00         06600 f           .00         06700 f           .00         06700 f           .00         06700 f           .00         07200 f           .00         07300 f           .00         07300 f           .01         09001 f           .02         09002 f           .03         09003 f           .04         09004 f           .05         09005 f           .06         09000 f           .00         07200 f  | NURSING ADMINISTRATION   | 0   | 00,,,,01  |                   |                                   | 10.0           |
| .00         01400           .00         01600           .00         03000           .00         03100           .00         03100           .00         03100           .00         03100           .00         03100           .00         04300           .00         05200           .00         05400           .00         05400           .00         05400           .00         06600           .00         06600           .00         06700           .00         06700           .00         06700           .00         06700           .00         07100           .00         07300           .00         07300           .00         07000           .01         09001           .02         09002           .03         09003           .04         09004           .05         09005           .06         09006           .00         07200  |  | -123, 850   |   |                   |                                   | 11. (          |
| .00         01600 f           .00         01700 s           .00         03000 f           .00         03100 f           .00         03100 f           .00         03100 f           .00         03100 f           .00         04300 f           ANCI LL.         .00           .00         05200 f           .00         05000 f           .00         05000 f           .00         06000 f           .00         06600 f           .00         06600 f           .00         06700 f           .00         06700 f           .00         06700 f           .00         07100 f           .00         07200 f           .00         07300 f           .00         07300 f           .01         09001 s           .02         09002 s           .03         09003 f           .04         09004 s           .05         09005 s           .06         09006 s           .00         07200 s   |  |   |   |                   |                                   | 13.0           |
| . 00         01700         1           . 00         03000         0           . 00         03100         0           . 00         03000         0           . 00         04300         1           . 00         05000         0           . 00         05200         1           . 00         05200         1           . 00         05200         1           . 00         05400         1           . 00         06000         1           . 00         06600         1           . 00         06600         1           . 00         06700         0           . 00         06700         1           . 00         07100         1           . 00         07300         1           . 00         07300         1           . 01         09001         0           . 02         09002         0           . 03         09003         1           . 04         09004         0           . 05         09005         0           . 00         09200         0  | CENTRAL SERVICES & SUPPLY  |   | 007,100   |                   |                                   | 14. (          |
| INPATI           .00         03000 /           .00         03100 /           .00         04300 /           .00         05000 /           .00         05200 /           .00         05200 /           .00         05200 /           .00         05200 /           .00         05200 /           .00         05400 /           .00         06500 /           .00         06600 /           .00         06600 /           .00         06600 /           .00         06700 /           .00         06700 /           .00         07100 /           .00         07200 /           .00         07300 /           .01         09001 /           .02         09002 /           .03         09003 /           .04         09004 /           .05         09005 /           .06         09006 /           .00         09200 /   | MEDICAL RECORDS & LIBRARY  | -13, 821  |   |                   |                                   | 16. (<br>17. ( |
| .00         03000 /           .00         03100 /           .00         04300 /           .00         05000 /           .00         05000 /           .00         05000 /           .00         05000 /           .00         05000 /           .00         05200 /           .00         05400 /           .00         06600 /           .00         06600 /           .00         06600 /           .00         06600 /           .00         06600 /           .00         06700 /           .00         07200 /           .00         07300 /           .00         07300 /           .00         07300 /           .01         09001 /           .02         09002 /           .03         09003 /           .04         09004 (           .05         09005 (           .00         09100 (           .00         09200 (  | ENT ROUTINE SERVICE COST CENTERS   |   | 472, 624  |                   |                                   | 17.1           |
| .00         03100         ANCI LL           .00         05000         ANCI LL           .00         05000         ANCI LL           .00         05200         ANCI LL           .00         05200         ANCI LL           .00         05300         ANCI LL           .00         05300         ANCI LL           .00         05300         ANCI LL           .00         05400         I           .00         05400         I           .00         06500         I           .00         06600         I           .00         06700         I           .00         06700         I           .00         07100         I           .00         07300         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .06         09006         I           .074         09200         I           .00         09200         I   | ADULTS & PEDIATRICS  | C   | 5, 693, 958   |                   |                                   | 30.            |
| . 00         04300 f           ANCI LL           . 00         05000 f           . 00         05200 f           . 00         05300 f           . 00         05400 f           . 00         05400 f           . 00         06600 f           . 00         06600 f           . 00         06600 f           . 00         06700 f           . 00         07100 f           . 00         07300 f           . 01         09001 s           . 02         09002 f           . 03         09003 f           . 04         09004 s           . 05         09005 s           . 06         09006 s           . 00         09200 s   | INTENSIVE CARE UNIT  |   |   |                   |                                   | 31.            |
| ANC1 LL. ANC |  |   |   |                   |                                   | 43.            |
| .00         05000 (           .00         05200 (           .00         05400 (           .00         05400 (           .00         06500 (           .00         06600 (           .00         06600 (           .00         06600 (           .00         06600 (           .00         06600 (           .00         06700 (           .00         06700 (           .00         07100 (           .00         07200 (           .00         07300 (           .01         09001 (           .02         09002 (           .03         09003 (           .04         09004 (           .05         09005 (           .06         09006 (           .00         07200 (  | ARY SERVICE COST CENTERS   |   | 1107720   |                   |                                   |                |
| .00         05300 /           .00         05400 /           .00         06600 /           .00         06600 /           .00         06600 /           .00         06700 /           .00         06700 /           .00         06700 /           .00         06700 /           .00         06700 /           .00         07100 /           .00         07200 /           .00         07300 /           .00         07300 /           .01         09001 /           .02         09002 /           .03         09003 /           .04         09004 /           .05         09005 /           .06         09006 /           .00         07100 /  | OPERATING ROOM   | C   | 1, 546, 036   |                   |                                   | 50.            |
| .00         05400         I           .00         06000         I           .00         06500         I           .00         06600         I           .00         06600         I           .00         06700         I           .00         06800         I           .00         06700         I           .00         07100         I           .00         07200         I           .00         07300         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .06         09100         I           .00         09200         I  | DELIVERY ROOM & LABOR ROOM   | C   |   |                   |                                   | 52.            |
| .00         06000         I           .00         06500         I           .00         06600         I           .00         06700         I           .00         06800         I           .00         06900         I           .00         07100         I           .00         07200         I           .00         07300         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .06         09006         I           .07         09001         I           .08         09001         I           .09         09001         I           .01         09001         I           .02         09002         I           .04         09004         I           .00         09100         I           .00         09200         I           .00         09200         I  | ANESTHESI OLOGY  | -1,073,500  | 10, 961   |                   |                                   | 53.            |
| .00         06500         I           .00         06600         I           .00         06700         I           .00         06900         I           .00         07100         I           .00         07200         I           .00         07300         I           .00         07300         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .06         09006         I           .00         09200         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .00         09200         I           .00         09200         I           .00         09200         I  | RADI OLOGY-DI AGNOSTI C  | C   | 1, 930, 470   |                   |                                   | 54.            |
| .00         06600         I           .00         06700         I           .00         06900         I           .00         07100         I           .00         07200         I           .00         07300         I           .00         07000         I           .00         07000         I           .00         07000         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .06         09006         I           .00         09200         I           .00         09200         I           .00         09200         I           .00         09200         I  | LABORATORY   | -5,460  | 2, 309, 992   |                   |                                   | 60.            |
| .00         06700         0           .00         06800         1           .00         07100         1           .00         07200         1           .00         07300         1           .00         07300         1           .00         07300         1           .00         07000         0           .01         09001         0           .02         09002         0           .03         09003         1           .04         09004         0           .05         09005         0           .06         09006         0           .00         09200         0           .00         07200         0  | RESPI RATORY THERAPY   | -3, 035   | 506, 804  |                   |                                   | 65.            |
| .00         06800         5           .00         06900         1           .00         07100         1           .00         07200         1           .00         07300         1           .00         09000         0           .01         09000         0           .02         09002         0           .03         09003         1           .04         09004         0           .05         09005         0           .06         09000         0           .00         09100         1           .00         09200         0           .00         09200         0           .00         09200         0           .00         09200         0           .00         09200         0           .00         09200         0  | PHYSI CAL THERAPY  | C   |   |                   |                                   | 66.            |
| .00         06900         I           .00         07100         I           .00         07200         I           .00         07300         I           .00         09000         I           .01         09001         I           .02         09002         I           .03         09003         I           .04         09004         I           .05         09005         I           .06         09006         I           .00         09100         I           .00         09100         I           .00         09200         I           .00         09200         I           .00         09200         I           .00         09200         I  | OCCUPATIONAL THERAPY   | C   |   |                   |                                   | 67.            |
| .00         07100 f           .00         07200 f           .00         07300 f           .00         09000 f           .01         09001 f           .02         09002 f           .03         09003 f           .04         09004 f           .05         09005 f           .06         09006 f           .00         09100 f           .00         09200 f  | SPEECH PATHOLOGY   | C   | 4, 766  |                   |                                   | 68.            |
| .00         07200         1           .00         07300         1           .01         09001         2           .02         09002         2           .03         09003         1           .04         09004         2           .05         09005         2           .06         09006         1           .07         09002         0           .08         09003         1           .09         09005         0           .00         09005         0           .00         09100         1           .00         09200         0           .00         09200         0           .00         09500         0  | ELECTROCARDI OLOGY   | C   | 603, 559  |                   |                                   | 69.            |
| . 00         07300         I           0UTPAT         09000         0           . 01         090001         2           . 02         09002         0           . 03         09003         I           . 04         09004         0           . 05         09005         0           . 06         09006         0           . 00         09200         0           . 00         09200         0           . 00         09200         0           . 00         09500         0   | MEDICAL SUPPLIES CHARGED TO PATIENTS   | C   | .,,   |                   |                                   | 71.            |
| OUTPAT           .00         09000 (           .01         09001 (           .02         09002 (           .03         09003 (           .04         09004 (           .05         09005 (           .06         09006 (           .00         09006 (           .00         09006 (           .00         09200 (           .00         09200 (           .00         09200 (           .00         09500 (   | IMPL. DEV. CHARGED TO PATIENT  | C   |   |                   |                                   | 72.            |
| .00         09000 (           .01         09001 (           .02         09002 (           .03         09003 (           .04         09004 (           .05         09006 (           .06         09006 (           .00         09100 (           .00         09200 (           00         09200 (           00         09200 (           00         09200 (   | DRUGS CHARGED TO PATIENTS  | C   | 2, 864, 298   |                   |                                   | 73.            |
| . 01         09001         5           . 02         09002         0           . 03         09003         1           . 04         09004         0           . 05         09005         0           . 06         09006         0           . 00         09100         1           . 00         09200         0           OTHER         . 00         09500   | CLENT SERVICE COST CENTERS   |   | 61, 640   |                   |                                   | 00             |
| . 02 09002 (<br>. 03 09003 (<br>. 04 09004 (<br>. 05 09005 (<br>. 06 09006 (<br>. 00 09100 (<br>. 00 09200 (<br>. 00 09200 (<br>. 00 09500 /   |  |   |   |                   |                                   | 90.<br>90.     |
| . 03 09003 1<br>. 04 09004 (<br>. 05 09005 (<br>. 06 09006 (<br>. 00 09100 1<br>. 00 09200 (<br>0THER<br>. 00 09500 /  |  | -875, 488   |   |                   |                                   | 90.<br>90.     |
| . 04 09004 (<br>. 05 09005 (<br>. 06 09006 (<br>. 00 09100 (<br>. 00 09200 (<br>0THER<br>. 00 09500 /  | HARRI SON CRAWFORD HEALTHCARE  | -396, 604   |   |                   |                                   | 90.<br>90.     |
| . 05 09005 0<br>. 06 09006 0<br>. 00 09100 1<br>. 00 09200 0<br>0THER<br>. 00 09500 7  | CORYDON MEDICAL ASSOCIATES   | -434, 189   |   |                   |                                   | 90.            |
| . 06 09006 0<br>. 00 09100 0<br>. 00 09200 0<br>0THER<br>. 00 09500 0  | ORTHOPEDIC SURGERY - DR KLINE  | -1, 134, 660  |   |                   |                                   | 90.            |
| . 00 09100 0<br>. 00 09200 0<br>0THER<br>. 00 09500 0  | OBGYN - DR SAUER   | -555, 909   |   |                   |                                   | 90.            |
| . 00 09200 0<br>0THER<br>. 00 09500 /  |  | C   |   |                   |                                   | 91.            |
| . 00 09500   | OBSERVATION BEDS (NON-DISTINCT PART)   |   |   |                   |                                   | 92.            |
|  | REIMBURSABLE COST CENTERS  |   |   |                   |                                   |                |
| 005014   | AMBULANCE SERVICES   | -13, 887  | 3, 264, 096   |                   |                                   | 95.            |
| SPECIA   | AL PURPOSE COST CENTERS  |   |   |                   |                                   |                |
|  |  | C   |   |                   |                                   | 13.            |
|  | INTEREST EXPENSE   | -6, 217, 770  | 45, 595, 876  | <br>              | 1                                 | 18.            |
| NONREL   | INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)   |   |   |                   |                                   |                |
| 0.00 19000 0   | INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>MBURSABLE COST CENTERS   | C   |   |                   |                                   | 90.            |
|  | INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>MBURSABLE COST CENTERS<br>GIFT, FLOWER, COFFEE SHOP & CANTEEN  | C   | -, ,  |                   |                                   | 92.            |
| 4.00079501   | INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>MBURSABLE COST CENTERS<br>GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>PHYSICIANS' PRIVATE OFFICES   | C   | -   |                   |                                   | 94.            |
|  | INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>MBURSABLE COST CENTERS<br>GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>PHYSICIANS' PRIVATE OFFICES<br>MARKETING  | C   | ••••  |                   |                                   | 94.            |
| 4. 02 07952 1<br>0. 00   | INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>MBURSABLE COST CENTERS<br>GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>PHYSICIANS' PRIVATE OFFICES<br>MARKETING<br>PHYSICIAN BILLING   | 0   | 0   |                   |                                   | 94.<br>200.    |

HARRISON COUNTY HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems

|          |                                      |                 |                           |                            |                                     | rksheet A-6     |
|----------|--------------------------------------|-----------------|---------------------------|----------------------------|-------------------------------------|-----------------|
|          |                                      |                 |                           |                            | From 01/01/2020<br>To 12/31/2020 Da | te/Time Prepare |
|          |                                      |                 |                           |                            |                                     | 28/2021 3:11 pm |
|          | Cont Contor                          | Increases       | Calara                    | 0 + h =                    |                                     |                 |
|          | Cost Center<br>2.00                  | Li ne #<br>3.00 | Salary<br>4.00            | 0ther<br>5.00              |                                     |                 |
|          | A - SUPPLIES                         | 3.00            | 4.00                      | 5.00                       |                                     |                 |
|          | MEDICAL SUPPLIES CHARGED TO          | 71.00           | 0                         | 3, 089, 590                |                                     | 1.              |
|          | PATI ENTS                            |                 |                           |                            |                                     |                 |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 2.              |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 3               |
| 00       |                                      | 0. 00<br>0. 00  | 0                         | 0                          |                                     | 4               |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 6               |
| 0        |                                      | 0.00            | 0                         | 0                          |                                     | 7               |
| 0        |                                      | 0.00            | Ö                         | 0                          |                                     | 8               |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 9               |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 10              |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 11              |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 12              |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 13              |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 14              |
| 00<br>00 |                                      | 0.00            | 0                         | 0                          |                                     | 15              |
| 00       |                                      | 0.00<br>0.00    | 0                         | 0                          |                                     | 17              |
| 00       |                                      | 0.00            | 0                         | 0                          |                                     | 18              |
| 00       |                                      | 0.00            | Ö                         | 0                          |                                     | 19              |
|          | 0                                    | +               |                           | 3, 089, 590                |                                     |                 |
|          | B - IMPLANTABLE DEVICES              |                 |                           | T.                         |                                     |                 |
|          | IMPL. DEV. CHARGED TO                | 72.00           | 0                         | 1, 303, 624                |                                     | 1               |
|          | PATI ENT                             | +               |                           |                            |                                     |                 |
|          |                                      |                 | 0                         | 1, 303, 624                |                                     |                 |
|          | C - AMBULANCE CAPITAL                | 1.02            | 0                         | 65, 303                    |                                     | 1               |
|          | AMB EQUIP                            | 2.01            | 0                         | 166, 506                   |                                     | 2               |
|          |                                      |                 | — — — <del>o</del>        | 231, 809                   |                                     | 2               |
| 1        | D - INTEREST                         | <b>I</b>        |                           |                            |                                     |                 |
| 0        | NEW CAP REL COSTS-BLDG &             | 1.00            | 0                         | 204, 950                   |                                     | 1               |
|          | <u>FIX</u> T                         |                 |                           |                            |                                     |                 |
|          | 0                                    |                 | 0                         | 204, 950                   |                                     |                 |
|          | E - EKG                              | (0.00           | 10 047                    | 10 104                     |                                     | 1               |
| 00<br>00 | ELECTROCARDI OLOGY                   | 69.00<br>0.00   | 13, 347<br>0              | 18, 194<br>0               |                                     | 1               |
| 0        |                                      | 0.00            | 0                         | 0                          |                                     | 3               |
| 0        |                                      | 0.00            | 0                         | 0                          |                                     | 4               |
| 0        |                                      | 0.00            | 0                         | 0                          |                                     | 5               |
| -        | 0                                    |                 | 13, 347                   | 18, 194                    |                                     |                 |
|          | F - NURSERY                          |                 |                           |                            |                                     |                 |
| 0        | NURSERY                              | 43.00           | <u>140, 5</u> 92          | 0                          |                                     | 1               |
|          | 0                                    |                 | 140, 592                  | 0                          |                                     |                 |
|          | G - THERAPY                          | (0.00           | 0.001                     |                            |                                     |                 |
| 00       | SPEECH PATHOLOGY                     | 68.00           | 3, 924                    | 842                        |                                     | 1               |
| 00       | OCCUPATIONAL THERAPY                 | <u>67.</u> 00   | <u>50, 083</u><br>54, 007 | 1 <u>0, 746</u><br>11, 588 |                                     | 2               |
|          | H – CAFETERIA                        |                 | 54, 007                   | 11, 300                    |                                     |                 |
|          | CAFETERIA                            | 11.00           | 246, 383                  | 249, 960                   |                                     | 1               |
| -<br>-   | 0                                    |                 | 246, 383                  | 249, 960                   |                                     |                 |
|          | I - DEPRECIATION RECLASS             |                 |                           | · · · · ·                  |                                     |                 |
| 0        | NEW CAP REL COSTS-BLDG &             | 1.00            | 0                         | 29, 744                    |                                     | 1               |
|          | FIXT                                 |                 |                           |                            |                                     |                 |
|          | NEW CAP REL COSTS-MVBLE              | 2.00            | 0                         | 3, 970                     |                                     | 2               |
|          |                                      | +               |                           |                            |                                     |                 |
|          | TOTALS<br>J - AMBULANCE WORKERS COMP |                 | 0                         | 33, 714                    |                                     |                 |
|          | EMPLOYEE BENEFITS DEPARTMENT         | 4.00            | 0                         | 185, 326                   |                                     | 1               |
|          | TOTALS                               |                 | — — — <del>0</del>        | 185, 326                   |                                     | '               |
|          | K - MISCELLANEOUS BENEFITS           |                 |                           |                            |                                     |                 |
|          | EMPLOYEE BENEFITS DEPARTMENT         | 4.00            | 0                         | 27, 008                    |                                     | 1               |
| o l      |                                      |                 |                           |                            |                                     |                 |
|          |                                      | 0.00            | 0                         | 0                          |                                     | 2               |
| 0        |                                      | 0.00<br>0.00    | 0                         | 0                          |                                     | 2               |

|  | Financial Systems   |  | HARRI SON COUNTY   | TIUSITIAL   |                | In Lieu   | of Form CMS-2552-10  |
|--|---|--|--|---|----------------|---|--|
| RECLAS   | SIFICATIONS   |  |  | Provider (  |                | Peri od:  | Worksheet A-6  |
|  |   |  |  |   |                | From 01/01/2020<br>To 12/31/2020  | Date/Time Prepared:  |
|  |   |  |  |   |                | 10 12/31/2020   | 6/28/2021 3:11 pm  |
|  |   | Decreases  |  |   |                | 1   |  |
|  | Cost Center   | Line #   | Salary   | Other   | Wkst. A-7 Ref. | _   |  |
|  | 6.00  | 7.00   | 8.00   | 9.00  | 10.00          |   |  |
| . 00   | A - SUPPLIES<br>CENTRAL SERVICES & SUPPLY   | 14.00  | 0  | 2,054,547   | ' C            | 1   | 1.00   |
| . 00   | ADULTS & PEDIATRICS   | 30.00  | 0  | 34, 334   |                |   | 2.00   |
| . 00   | INTENSIVE CARE UNIT   | 31.00  | 0  | 1, 277  |                |   | 3.00   |
| . 00   | NURSERY   | 43.00  | 0  | 11  |                |   | 4.00   |
| . 00   | OPERATING ROOM  | 50.00  | 0  | 225, 807  |                |   | 5.00   |
| . 00   | ANESTHESI OLOGY   | 53.00  | 0  | 18, 924   | C              |   | 6.00   |
| . 00   | RADI OLOGY-DI AGNOSTI C   | 54.00  | 0  | 73, 548   | B C            |   | 7.00   |
| 00   | LABORATORY  | 60.00  | 0  | 168, 488  |                |   | 8.00   |
| 00   | RESPI RATORY THERAPY  | 65.00  | 0  | 18, 996   |                |   | 9.00   |
| D. 00  | ELECTROCARDI OLOGY  | 69.00  | 0  | 19, 287   |                | -   | 10.00  |
| 1.00   | DRUGS CHARGED TO PATIENTS   | 73.00  | 0  | 6, 243  |                |   | 11.00  |
| 2.00   |   | 90.00  | 0  | 12, 612   |                |   | 12.00  |
| 3.00   | SENI OR CARE  | 90.01  | 0  | 14  |                |   | 13.00  |
| 4.00   | GENERAL SURGERY   | 90.02  | 0  | 1, 627  |                |   | 14.00  |
| 5.00   | HARRISON CRAWFORD HEALTHCARE  | 90.03  | 0  | 30, 932<br>29, 486  |                |   | 15.00  |
| 5.00<br>7.00   | CORYDON MEDI CAL ASSOCI ATES<br>ORTHOPEDI C SURGERY - DR  | 90.04<br>90.05   | 0  | 29, 480<br>374, 984   |                |   | 16.00<br>17.00   |
| 7.00   | KLINE   | 90.05  | 0  | 574, 904  | L L            |   | 17.00  |
| 8. 00  | OBGYN - DR SAUER  | 90.06  | 0  | 5, 114  | c c            |   | 18.00  |
| 9.00   | EMERGENCY   | 91.00  |  | 13, 359   |                |   | 19.00  |
|  | 0   |  | <u>0</u> 0   | 3, 089, 590   |                |   |  |
|  | B - IMPLANTABLE DEVICES   |  | <b>-</b>   | · · · · ·   |                | 4   |  |
| . 00   | MEDICAL SUPPLIES CHARGED TO   | 71.00  | 0  | 1, 303, 624   | C              | )   | 1.00   |
|  | PATI ENTS   |  |  |   |                |   |  |
|  | 0   |  | 0  | 1, 303, 624   |                |   |  |
|  | C - AMBULANCE CAPITAL   |  |  |   |                | 1   |  |
| 00   | AMBULANCE SERVICES  | 95.00  | 0  | 231, 809  |                |   | 1.00   |
| 00   |   | 0.00   | <u>o</u>   | 0   | 9 9            | 2   | 2.00   |
|  | D - INTEREST  |  | 0  | 231, 809  |                |   |  |
| 00   | INTEREST EXPENSE  | 113.00   | 0  | 204, 950  | 11             | i l   | 1.00   |
| . 00   |   |  | 0  | 204, 950  |                |   | 1.00   |
|  | E - EKG   |  | 0  | 201, 700  |                |   |  |
| . 00   |   | 0.00   | 0  | 0   | ) (            |   | 1.00   |
| . 00   | LABORATORY  | 60.00  | 12, 774  | 0   | 0              |   | 2.00   |
| . 00   | RESPI RATORY THERAPY  | 65.00  | 0  | 18, 194   | C              |   | 3.00   |
| . 00   | EMERGENCY   | 91.00  |  |   |                |   |  |
| . 00   |   | 71.00  | 506  | 0   | ) C            |   | 4.00   |
| . 00   | AMBULANCE_SERVICES  | 95.00  | 506<br>67  | 0   |                |   | 4. 00<br>5. 00   |
| 00   | 0   |  |  | 0<br>0<br><u>18, 194</u>  | ) C            |   |  |
|  | 0 F - NURSERY   | <u>95.</u> 00  | 67<br>13, 347  | 0000000000_0  |                |   | 5. 00  |
|  | 0   |  | 67<br>13, 347<br>14 <u>0, 592</u>  | 0000000   |                |   |  |
|  | 0   | <u>95.</u> 00  | 67<br>13, 347  | 0000000000_0  |                |   | 5. 00  |
| 00   | 0   | <u> </u>   | 67<br>13, 347<br>140, 592<br>140, 592  | 0<br>18, 194<br>00  |                |   | 5. 00<br>1. 00   |
| 00   | 0   | <u>95.00</u><br><u>30.00</u><br>66.00  | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007   | 0000000   |                |   | 5. 00<br>1. 00   |
| 00   | 0   | <u> </u>   | 67<br>13, 347<br>140, 592<br>140, 592<br><br>54, 007<br>0  | 0<br>18, 194<br>0<br>11, 588<br>0   |                |   | 5. 00<br>1. 00   |
| . 00   | 0   | <u>95.00</u><br><u>30.00</u><br>66.00  | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007   | 0<br>18, 194<br>00  |                |   | 5. 00<br>1. 00   |
| 00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00  | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>0<br>54, 007   | 0<br>18, 194<br>0<br>11, 588<br>11, 588   |                |   | 5. 00<br>1. 00<br>1. 00<br>2. 00   |
| 00<br>00<br>00   | 0   | <u>95.00</u><br><u>30.00</u><br>66.00  | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>54, 007<br>54, 007<br>54, 007  | 0<br>0<br>11, 588<br>11, 588<br>11, 588<br>11, 588  |                |   | 5. 00<br>1. 00   |
| 00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00  | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>0<br>54, 007   | 0<br>18, 194<br>0<br>11, 588<br>11, 588   |                |   | 5. 00<br>1. 00<br>1. 00<br>2. 00   |
| 00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00  | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>54, 007<br>54, 007<br>54, 007  | 0<br>0<br>11, 588<br>11, 588<br>11, 588<br>11, 588  |                |   | 5. 00<br>1. 00<br>1. 00<br>2. 00   |
| 00<br>00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00                                     | 67<br>13, 347<br>140, 592<br>140, 592<br>140, 592<br>0<br>0<br>54, 007<br>0<br>54, 007<br>0<br>383<br>0<br>0<br>0  | 0<br>18, 194<br>0<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>249, 960<br>249, 960  |                |   | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00   |
| 00<br>00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00                           | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>246, 383<br>246, 383  | 0<br>18, 194<br>0<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>249, 960<br>249, 960  |                |   | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>1. 00<br>1. 00<br>1. 00  |
| 00<br>00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00<br>0.00                   | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>0<br>0<br>0<br>0  | 0<br>18, 194<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>0<br>11, 588<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>_0  |                |   | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>1. 00<br>1. 00<br>1. 00  |
| 00<br>00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00                           | 67<br>13, 347<br>140, 592<br>140, 592<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>0<br>0<br>0<br>0  | 0<br>18, 194<br>0<br>11, 588<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>33, 714<br>185, 326   |                |   | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>1. 00<br>1. 00<br>1. 00  |
| 00<br>00<br>00<br>00   | 0   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00<br>0.00                   | 67<br>13, 347<br>140, 592<br>140, 592<br>140, 592<br>0<br>0<br>54, 007<br>0<br>54, 007<br>0<br>383<br>0<br>0<br>0  | 0<br>18, 194<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>249, 960<br>249, 960<br>249, 960<br>33, 714  |                |   | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00  |
| 00<br>00<br>00<br>00<br>00<br>00                             | 0   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00<br>0.00<br>95.00          | 67<br>13, 347<br>140, 592<br>140, 592<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>246, 383<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 0<br>18, 194<br>0<br>11, 588<br>0<br>11, 588<br>0<br>249, 960<br>249, 960<br>33, 714<br>0<br>33, 714<br>0<br>185, 326<br>185, 326   |                |   | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>1. 00<br>2. 00<br>1. |
| 00<br>00<br>00<br>00<br>00<br>00<br>00                       | O       F - NURSERY         ADULTS & PEDIATRICS       O         O       G         G - THERAPY         PHYSICAL THERAPY         O       G         H - CAFETERIA         DIETARY         O         I - DEPRECIATION RECLASS         PHYSICIANS' PRIVATE OFFICES         TOTALS         J - AMBULANCE WORKERS COMP         AMBULANCE SERVICES         TOTALS         K - MISCELLANEOUS BENEFITS         ADMINISTRATIVE & GENERAL   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00<br>0.00<br>95.00<br>5.01  | 67<br>13, 347<br>140, 592<br>140, 592<br>0<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>000<br>000<br>000000 | 0<br>18, 194<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>_0 |                | 2<br>2<br>3<br>3<br>4<br>5<br>5<br>5<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. |
| 00<br>00<br>00<br>00<br>00<br>00<br>00                       | 0       F - NURSERY         ADULTS & PEDIATRICS       0         0       G         0       G         G - THERAPY         PHYSICAL THERAPY         0       G         H - CAFETERIA         DIETARY         0         I - DEPRECIATION RECLASS         PHYSICIANS' PRIVATE OFFICES         TOTALS         J - AMBULANCE WORKERS COMP         AMBULANCE SERVICES         TOTALS         K - MISCELLANEOUS BENEFITS         ADMINISTRATIVE & GENERAL         MEDICAL RECORDS & LIBRARY | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00<br>0.00<br>95.00<br>95.00 | 67<br>13, 347<br>140, 592<br>140, 592<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>246, 383<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 0<br>18, 194<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>0<br>0<br>33, 714<br>0<br>33, 714<br>33, 714   |                | 2<br>2<br>3<br>3<br>4<br>5<br>5<br>5<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | 5.00<br>1.00<br>2.00<br>1.00<br>2.00<br>1.00<br>2.00<br>1.00<br>2.00<br>1.00<br>2.00<br>1.00<br>2.00   |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00 | O       F - NURSERY         ADULTS & PEDIATRICS       O         O       G         G - THERAPY         PHYSICAL THERAPY         O       G         H - CAFETERIA         DIETARY         O         I - DEPRECIATION RECLASS         PHYSICIANS' PRIVATE OFFICES         TOTALS         J - AMBULANCE WORKERS COMP         AMBULANCE SERVICES         TOTALS         K - MISCELLANEOUS BENEFITS         ADMINISTRATIVE & GENERAL   | 95.00<br>30.00<br>66.00<br>0.00<br>10.00<br>192.00<br>0.00<br>95.00<br>5.01  | 67<br>13, 347<br>140, 592<br>140, 592<br>0<br>0<br>54, 007<br>0<br>54, 007<br>0<br>54, 007<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>000<br>000<br>000000 | 0<br>18, 194<br>0<br>11, 588<br>0<br>11, 588<br>0<br>11, 588<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>  |                | 2<br>2<br>3<br>3<br>4<br>5<br>5<br>5<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | 5. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. 00<br>2. 00<br>1. |

HARRISON COUNTY HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems RECLASSIFICATIONS

| Health Financial Systems                   | HARRI SON COUN   |              |                |                                  | eu of Form CMS- |       |
|--|------------------|--------------|----------------|----------------------------------|-----------------|-------|
| RECONCILIATION OF CAPITAL COSTS CENTERS    |                  | Provider CO  | CN: 15-1331    | Peri od:                         | Worksheet A-7   |       |
|  |                  |              |                | From 01/01/2020<br>To 12/31/2020 |                 | narod |
|  |                  |              |                | 10 12/31/2020                    | 6/28/2021 3:1   | 1 pm  |
|  |                  |              | Acqui si ti on | S                                |                 |       |
|  | Begi nni ng      | Purchases    | Donati on      | Total                            | Di sposal s and |       |
|  | Bal ances        |              |                |                                  | Retirements     |       |
|  | 1.00             | 2.00         | 3.00           | 4.00                             | 5.00            |       |
| PART I - ANALYSIS OF CHANGES IN CAPITAL AS |                  |              |                |                                  | 1               |       |
| 1.00 Land                                  | 3, 001, 138      | 0            |                | 0 0                              | 0 0             | 1.00  |
| 2.00 Land Improvements                     | 3, 379, 433      | 0            |                | 0 (                              | 0 0             | 2.00  |
| 3.00 Buildings and Fixtures                | 41, 594, 545     | 21, 104      |                | 0 21, 104                        |                 | 3.00  |
| 4.00 Building Improvements                 | 3, 605, 135      | 0            |                | 0 (                              | 0 0             | 4.00  |
| 5.00 Fixed Equipment                       | 0                | 0            |                | 0 (                              | 0 0             | 5.00  |
| 6.00 Movable Equipment                     | 28, 141, 853     | 567, 399     |                | 0 567, 399                       |                 | 6.00  |
| 7.00 HIT designated Assets                 | 0                | 0            |                | 0 (                              | 0 0             | 7.00  |
| 8.00 Subtotal (sum of lines 1-7)           | 79, 722, 104     | 588, 503     |                | 0 588, 503                       | 3 0             | 8.00  |
| 9.00 Reconciling Items                     | 0                | 0            |                | 0 (                              | 0 0             | 9.00  |
| 10.00 Total (line 8 minus line 9)          | 79, 722, 104     | 588, 503     |                | 0 588, 503                       | 3 0             | 10.00 |
|  | Endi ng Bal ance | Fully        |                |                                  |                 |       |
|  |                  | Depreci ated |                |                                  |                 |       |
|  |                  | Assets       |                |                                  |                 |       |
|  | 6.00             | 7.00         |                |                                  |                 |       |
| PART I - ANALYSIS OF CHANGES IN CAPITAL AS |                  |              |                |                                  |                 |       |
| 1.00 Land                                  | 3, 001, 138      | 0            |                |                                  |                 | 1.00  |
| 2.00 Land Improvements                     | 3, 379, 433      | 0            |                |                                  |                 | 2.00  |
| 3.00 Buildings and Fixtures                | 41, 615, 649     | 0            |                |                                  |                 | 3.00  |
| 4.00 Building Improvements                 | 3, 605, 135      | 0            |                |                                  |                 | 4.00  |
| 5.00 Fixed Equipment                       | 0                | 0            |                |                                  |                 | 5.00  |
| 6.00 Movable Equipment                     | 28, 709, 252     | 0            |                |                                  |                 | 6.00  |
| 7.00 HIT designated Assets                 | 0                | 0            |                |                                  |                 | 7.00  |
| 8.00 Subtotal (sum of lines 1-7)           | 80, 310, 607     | 0            |                |                                  |                 | 8.00  |
| 9.00 Reconciling Items                     | 0                | 0            |                |                                  |                 | 9.00  |
| 10.00  Total (line 8 minus line 9)         | 80, 310, 607     | 0            |                |                                  |                 | 10.00 |

|   | Financial Systems                            | HARRI SON COUN    |                |                |   | u of Form CMS-2 | 2552-10 |
|---|--|-------------------|----------------|----------------|---|-----------------|---------|
| RECONC  | CILIATION OF CAPITAL COSTS CENTERS           |                   | Provider CO    | 1              | Period:<br>From 01/01/2020<br>Fo 12/31/2020 |                 | pared:  |
|   |  |                   | SL             | IMMARY OF CAPI | TAL   |                 |         |
|   | Cost Center Description                      | Depreciation      | Lease          | Interest       | Insurance (see<br>instructions)             |                 |         |
|   |  | 9.00              | 10.00          | 11.00          | 12.00                                       | 13.00           |         |
| PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |  |                   |                |                |   |                 |         |
| 1.00  | NEW CAP REL COSTS-BLDG & FIXT                | 1, 426, 759       | 0              | (              | 0 102, 969                                  | 0               | 1.00    |
| 1.01  | MOB  | 283, 170          | 74, 983        | 83, 828        | 3 0   | 0               | 1.01    |
| 1.02  | AMB DEPR                                     | 0                 | 0              | (              | 0 0   | 0               | 1.02    |
| 2.00  | NEW CAP REL COSTS-MVBLE EQUIP                | 1, 172, 889       | 0              | (              | 0 0   | 0               | 2.00    |
| 2.01  | AMB EQUIP                                    | 0                 | 0              | (              | 0 0   | 0               | 2.01    |
| 3.00  | Total (sum of lines 1-2)                     | 2, 882, 818       | 74, 983        | 83, 828        | 3 102, 969                                  | 0               | 3.00    |
|   |  | SUMMARY O         | F CAPITAL      |                |   |                 |         |
|   | Cost Center Description                      | Other             | Total (1) (sum |                |   |                 |         |
|   |  | Capi tal -Rel ate | of cols. 9     |                |   |                 |         |
|   |  | d Costs (see      | through 14)    |                |   |                 |         |
|   |  | instructions)     |                |                |   |                 |         |
|   |  | 14.00             | 15.00          |                |   |                 |         |
|   | PART II - RECONCILIATION OF AMOUNTS FROM WOR | KSHEET A, COLUM   |                |                |   |                 |         |
| 1.00  | NEW CAP REL COSTS-BLDG & FIXT                | 0                 | 1, 529, 728    |                |   |                 | 1.00    |
| 1.01  | MOB  | 216, 349          | 658, 330       |                |   |                 | 1.01    |
| 1.02  | AMB DEPR                                     | 0                 | 0              |                |   |                 | 1.02    |
| 2.00  | NEW CAP REL COSTS-MVBLE EQUIP                | 0                 | 1, 172, 889    |                |   |                 | 2.00    |
| 2.01  | AMB EQUIP                                    | 0                 | 0              |                |   |                 | 2.01    |
| 3.00  | Total (sum of lines 1-2)                     | 216, 349          | 3, 360, 947    |                |   |                 | 3.00    |

| Heal th              | Financial Systems                                | HARRISON COUN     | TY HOSPITAL                           |  | In Lie   | eu of Form CMS-2                            | 2552-10                 |
|----------------------|--|-------------------|---------------------------------------|--|--|---|-------------------------|
| RECONC               | LIATION OF CAPITAL COSTS CENTERS                 |                   | Provider C                            |  | Period:<br>From 01/01/2020<br>To 12/31/2020              | Date/Time Prep<br>6/28/2021 3:11            |                         |
|                      |  | COMI              | PUTATION OF RAT                       | TIOS   | ALLOCATION OF  | OTHER CAPITAL                               |                         |
|                      | Cost Center Description                          | Gross Assets      | Capi tal i zed<br>Leases              | Gross Assets<br>for Ratio<br>(col. 1 - col<br>2) | Ratio (see<br>instructions)                              | Insurance                                   |                         |
|                      |  | 1.00              | 2.00                                  | 3.00   | 4.00   | 5.00  |                         |
|                      | PART III - RECONCILIATION OF CAPITAL COSTS CI    |                   | <b>I</b>                              | 1  | 1  |   |                         |
| 1.00<br>1.01<br>1.02 | NEW CAP REL COSTS-BLDG & FIXT<br>MOB<br>AMB DEPR | 51, 601, 355<br>0 | 0                                     |  | 5 0. 642522<br>0 0. 000000<br>0 0. 000000                |   | 1. 00<br>1. 01<br>1. 02 |
| 2.00<br>2.01         | AMB EQUIP  | 28, 709, 252<br>0 | 0                                     | 28, 709, 25                                      |  | 0   | 2.00<br>2.01            |
| 3.00                 | Total (sum of lines 1-2)                         | 80, 310, 607      | 0                                     | 80, 310, 60                                      | 7 1. 000000  | 0   | 3.00                    |
|                      |  |                   | TION OF OTHER (                       |  |  | F CAPITAL                                   |                         |
|                      | Cost Center Description                          | Taxes             | Other<br>Capi tal -Rel ate<br>d Costs | Total (sum of<br>cols. 5<br>through 7)           | Depreciation   | Lease                                       |                         |
|                      |  | 6.00              | 7.00                                  | 8.00   | 9.00   | 10.00                                       |                         |
|                      | PART III - RECONCILIATION OF CAPITAL COSTS CI    |                   | Γ                                     | 1  |  |   |                         |
| 1.00<br>1.01<br>1.02 | NEW CAP REL COSTS-BLDG & FIXT<br>MOB<br>AMB DEPR | 0<br>0<br>0       | 0<br>0<br>0                           |  | 0 1, 456, 503<br>0 283, 170<br>0 65, 303                 | 74, 983                                     | 1. 00<br>1. 01<br>1. 02 |
| 2.00<br>2.01         | NEW CAP REL COSTS-MVBLE EQUIP<br>AMB EQUIP       | 0                 | 0                                     |  | 0 1, 176, 859<br>0 166, 506                              | 0   | 2.00<br>2.01            |
| 3.00                 | Total (sum of lines 1-2)                         | 0                 | 0                                     | JMMARY OF CAPI                                   | 0 <u>3, 148, 341</u><br>TAI                              | 74, 983                                     | 3.00                    |
|                      |  |                   | 50                                    |  |  |   |                         |
|                      | Cost Center Description                          | Interest          | Insurance (see<br>instructions)       |  | Other<br>Capital-Relate<br>d Costs (see<br>instructions) | Total (2) (sum<br>of cols. 9<br>through 14) |                         |
|                      |  | 11.00             | 12.00                                 | 13.00  | 14.00  | 15.00                                       |                         |
|                      | PART III - RECONCILIATION OF CAPITAL COSTS CI    | INTERS            |                                       |  |  |   |                         |
| 1.00                 | NEW CAP REL COSTS-BLDG & FIXT                    | 182, 512          |                                       |  | 0 0  | 1, 741, 984                                 | 1.00                    |
| 1.01                 | MOB<br>AMB DEPR                                  | 83, 828           |                                       |  | 216, 349   |   | 1.01                    |
| 1.02<br>2.00         | NEW CAP REL COSTS-MVBLE EQUIP                    | 0                 |                                       |  |  | 65, 303<br>1, 176, 859                      | 1.02<br>2.00            |
| 2.00                 | AMB EQUIP  | 0                 |                                       |  |  | 166, 506                                    | 2.00                    |
| 3.00                 | Total (sum of lines 1-2)                         | 266, 340          | 102, 969                              |  | 216, 349   |   | 3.00                    |

|                  | Financial Systems<br>MENTS TO EXPENSES  |                 | HARRI SON COUI    | Provider CCN: 15-1331 F                                  | Period:<br>From 01/01/2020 | u of Form CMS-2<br>Worksheet A-8 |                  |
|------------------|---|-----------------|-------------------|--|----------------------------|----------------------------------|------------------|
|                  |   |                 |                   |  | To 12/31/2020              | Date/Time Pre<br>6/28/2021 3:1   |                  |
|                  |   |                 |                   | Expense Classification on<br>To/From Which the Amount is |                            |                                  |                  |
|                  |   |                 |                   |  |                            |                                  |                  |
|                  | Cost Center Description   | Pacis (Code (2) | Amount            | Cost Center  | Line #                     | Wkst. A-7 Ref.                   |                  |
|                  |   | 1.00            | 2.00              | 3.00   | 4.00                       | 5.00                             |                  |
| 1.00             | Investment income - NEW CAP<br>REL COSTS-BLDG & FIXT (chapter                           |                 | C                 | NEW CAP REL COSTS-BLDG &<br>FIXT                         | 1.00                       | 0                                | 1.00             |
| 1.01             | 2)<br>Investment income - MOB<br>(chapter 2)  |                 | C                 | мов  | 1.01                       | 0                                | 1.01             |
| 1.02             | Investment income - AMB DEPR  |                 | C                 | AMB DEPR   | 1.02                       | 0                                | 1.02             |
| 2.00             | (chapter 2)<br>Investment income - NEW CAP<br>REL COSTS-MVBLE EQUIP (chapter            |                 | C                 | NEW CAP REL COSTS-MVBLE<br>EQUIP                         | 2.00                       | 0                                | 2.00             |
| 2.01             | 2)<br>Investment income - AMB EQUIP   |                 | C                 | AMB EQUIP  | 2.01                       | 0                                | 2.01             |
| 3.00             | (chapter 2)<br>Investment income - other  |                 | C                 |  | 0.00                       | 0                                | 3.00             |
| 4.00             | (chapter 2)<br>Trade, quantity, and time<br>discounts (chapter 8)                       |                 | C                 |  | 0.00                       | 0                                | 4.00             |
| 5.00             | Refunds and rebates of<br>expenses (chapter 8)  |                 | C                 |  | 0.00                       | 0                                | 5.00             |
| 6.00             | Rental of provider space by<br>suppliers (chapter 8)                                    |                 | C                 |  | 0.00                       | 0                                | 6.00             |
| 7.00             | Telephone services (pay<br>stations excluded) (chapter                                  | А               | -3, 015           | ADMI NI STRATI VE & GENERAL                              | 5.01                       | 0                                | 7.00             |
| 8.00             | 21)<br>Television and radio service<br>(chapter 21)                                     |                 | C                 |  | 0.00                       | 0                                | 8.00             |
| 9. 00<br>10. 00  | Parking Lot (chapter 21)<br>Provider-based physician                                    | A-8-2           | 0<br>-2, 835, 043 | 3  | 0.00                       | 0<br>0                           |                  |
| 11.00            | adjustment<br>Sale of scrap, waste, etc.  |                 | C                 |  | 0.00                       | 0                                | 11.00            |
| 12.00            | (chapter 23)<br>Related organization<br>transactions (chapter 10)                       | A-8-1           | C                 |  |                            | 0                                | 12.00            |
| 13.00            | Laundry and Linen service<br>Cafeteria-employees and guests                             | В               | -123 850          | )<br>CAFETERI A  | 0.00<br>11.00              | 0                                |                  |
| 15.00            | Rental of quarters to employee and others   |                 | C                 |  | 0.00                       | 0                                | 15.00            |
| 16. 00           | Sale of medical and surgical<br>supplies to other than<br>patients                      |                 | C                 |  | 0.00                       | 0                                | 16.00            |
| 17.00            | Sale of drugs to other than patients  |                 | C                 |  | 0.00                       | 0                                | 17.00            |
| 18.00            | Sale of medical records and abstracts   | В               | -13, 821          | MEDICAL RECORDS & LIBRARY                                | 16.00                      | 0                                | 18.00            |
| 19. 00           | Nursing and allied health<br>education (tuition, fees,<br>books, etc.)                  |                 | C                 |  | 0.00                       | 0                                | 19.00            |
|                  | Vending machines  |                 | (                 |  | 0.00                       | 0                                |                  |
|                  | Income from imposition of<br>interest, finance or penalty<br>charges (chapter 21)       |                 | (                 |  | 0.00                       | 0                                | 21.00            |
| 22.00            | Interest expense on Medicare<br>overpayments and borrowings to                          |                 | C                 |  | 0.00                       | 0                                | 22.00            |
| 23.00            | repay Medicare overpayments<br>Adjustment for respiratory<br>therapy costs in excess of | A-8-3           | C                 | RESPI RATORY THERAPY                                     | 65.00                      |                                  | 23.00            |
| 24.00            | limitation (chapter 14)<br>Adjustment for physical<br>therapy costs in excess of        | A-8-3           | C                 | PHYSI CAL THERAPY  | 66.00                      |                                  | 24.00            |
| 25.00            | limitation (chapter 14)<br>Utilization review -<br>physicians' compensation             |                 | C                 | *** Cost Center Deleted ***                              | 114.00                     |                                  | 25.00            |
| 26. 00           | (chapter 21)<br>Depreciation - NEW CAP REL  |                 | C                 | NEW CAP REL COSTS-BLDG &                                 | 1.00                       | 0                                | 26.00            |
| 26. 01           | COSTS-BLDG & FIXT<br>Depreciation - MOB   |                 | (                 | FI XT<br>MOB   | 1.01                       | 0                                | 26. 01           |
|                  | Depreciation - AMB DEPR<br>Depreciation - NEW CAP REL<br>COSTS-MVBLE EQUIP              |                 |                   | AMB DEPR<br>NEW CAP REL COSTS-MVBLE<br>EQUIP             | 1.02<br>2.00               | 0<br>0                           | 26. 02<br>27. 00 |
| 27. 01<br>28. 00 | Depreciation - AMB EQUIP<br>Non-physician Anesthetist                                   |                 |                   | AMB EQUIP<br>*** Cost Center Deleted ***                 | 2. 01<br>19. 00            | 0                                | 27. 01<br>28. 00 |
|                  | Physicians' assistant   |                 | C                 |  | 0.00                       | 0                                | 29.00            |

| Health Financial Systems | HARRI SON COUNTY | HOSPI TAL             | In Lie   | u of Form CMS-2552-10 |
|--------------------------|------------------|-----------------------|----------|-----------------------|
| ADJUSTMENTS TO EXPENSES  |                  | Provider CCN: 15-1331 | Peri od: | Worksheet A-8         |

| ADJUSTMENTS TO EXPENSES |  |   |                                   | Period:<br>From 01/01/2020     | Worksheet A-8  |                                |        |
|-------------------------|--|---|-----------------------------------|--------------------------------|----------------|--------------------------------|--------|
|                         |  |   |                                   | -                              | Го 12/31/2020  | Date/Time Pre<br>6/28/2021 3:1 |        |
|                         |  |   |                                   | Expense Classification on      |                |                                |        |
|                         |  |   | Т                                 | o/From Which the Amount is     | to be Adjusted |                                |        |
|                         |  |   |                                   |                                |                |                                |        |
|                         | Cost Center Description  | Basi s/Code (2)   | Amount                            | Cost Center                    | Line #         | Wkst. A-7 Ref.                 |        |
|                         |  | 1.00  | 2.00                              | 3.00                           | 4.00           | 5.00                           |        |
| 30. 00                  | Adjustment for occupational therapy costs in excess of   | A-8-3   | 00                                | CCUPATI ONAL THERAPY           | 67.00          |                                | 30.00  |
|                         | limitation (chapter 14)  |   |                                   |                                |                |                                |        |
| 30. 99                  | Hospice (non-distinct) (see<br>instructions)   |   | OA                                | DULTS & PEDIATRICS             | 30.00          |                                | 30. 99 |
| 31.00                   | Adjustment for speech  | A-8-3   | os                                | PEECH PATHOLOGY                | 68.00          |                                | 31.00  |
|                         | pathology costs in excess of   |   |                                   |                                |                |                                |        |
| 32.00                   | limitation (chapter 14)<br>CAH HIT Adjustment for  |   | 0                                 |                                | 0.00           | 0                              | 32.00  |
| 52.00                   | Depreciation and Interest  |   | 0                                 |                                | 0.00           | 0                              | 52.00  |
| 33.00                   | MISC INCOME - A&G  | В   | -42, 429 A                        | DMI NI STRATI VE & GENERAL     | 5.01           | 0                              | 33.00  |
| 33. 01                  | MISC INCOME - LABORATORY   | В   | -2, 287 L                         | ABORATORY                      | 60.00          | 0                              | 33. Oʻ |
| 33. 02                  | CLINIC RENT  | В   | -64, 833G                         | ENERAL SURGERY                 | 90.02          | 0                              | 33.02  |
| 33.03                   | CLINIC RENT  | В   | -76, 972 H                        | ARRISON CRAWFORD HEALTHCARE    | 90.03          | 0                              | 33.0   |
| 33.04                   | CLINIC RENT  | В   | -67, 918 C                        | ORYDON MEDICAL ASSOCIATES      | 90.04          | 0                              | 33.04  |
| 33. 05                  | CLINIC RENT  | В   |                                   | RTHOPEDIC SURGERY - DR<br>LINE | 90.05          | 0                              | 33. 05 |
| 33.06                   | CLINIC RENT  | В   |                                   | BGYN – DR SAUER                | 90.06          | 0                              |        |
| 33. 07                  | FOUNDATION SALARY  | В   |                                   | DMI NI STRATI VE & GENERAL     | 5.01           |                                | 33.0   |
| 33. 08                  | INTEREST   | В   |                                   | EW CAP REL COSTS-BLDG &        | 1.00           | 11                             | 33.08  |
| 33.09                   | PROVIDER TAX FEE   | А   |                                   | DMI NI STRATI VE & GENERAL     | 5.01           | 0                              | 33.09  |
| 33. 10                  | UNNECESSARY BORROWI NG   | A   | -8, 660 N                         | EW CAP REL COSTS-BLDG &        | 1.00           | 11                             | 33. 10 |
| 34.00                   | CRNA   | A   | -1, 073, 500 A                    | NESTHESI OLOGY                 | 53.00          | 0                              | 34.00  |
| 35.00                   | LOBBYING FEES  | A   | -5, 946 A                         | DMINISTRATIVE & GENERAL        | 5.01           | 0                              | 35.00  |
| 36.00                   | MARKETING EXPENSE  | A   | -131, 372 A                       | DMINISTRATIVE & GENERAL        | 5.01           | 0                              | 36.00  |
| 37.00                   | NURSE PRACTITIONER OFFSET -<br>SALARY  | A   | -80, 735 H.                       | ARRISON CRAWFORD HEALTHCARE    | 90.03          | 0                              | 37.00  |
| 38.00                   | NURSE PRACTITIONER OFFSET -<br>SALARY  | A   | -104, 572 C                       | ORYDON MEDICAL ASSOCIATES      | 90.04          | 0                              | 38.00  |
| 39. 00                  | NURSE PRACTITIONER OFFSET -<br>SALARY  | A   |                                   | RTHOPEDIC SURGERY - DR<br>LINE | 90.05          | 0                              | 39.00  |
| 40. 00                  | NURSE PRACTITIONER OFFSET -<br>BENEFITS  | A   | -43, 329 E                        | MPLOYEE BENEFITS DEPARTMENT    | 4.00           | 0                              | 40. 00 |
| 50. 00                  | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.)  |   | -6, 217, 770                      |                                |                |                                | 50.00  |
| (2) Ba<br>A. C<br>B. A  | scription - all chapter referen<br>sis for adjustment (see instruc<br>osts - if cost, including appli<br>mount Received - if cost cannot<br>ditional adjustments may be mad<br>See instructions for column 5 | tions).<br>cable overhead,<br>be determined.<br>e on lines 33 t | can be determi<br>hru 49 and subs | ned.                           |                |                                |        |

|          | Financial Syste |                              | HARRI SON COU  | NTY HOSPITAL   |                 | In Li                            | eu of Form CMS-  | -2552-10 |
|----------|-----------------|------------------------------|----------------|----------------|-----------------|----------------------------------|------------------|----------|
| PROVI DE | R BASED PHYSIC  | I AN ADJUSTMENT              |                | Provider (     |                 | Peri od:                         | Worksheet A-8    | 8-2      |
|          |                 |                              |                |                |                 | From 01/01/2020<br>To 12/31/2020 |                  | onarod   |
|          |                 |                              |                |                |                 | 10 12/31/2020                    | 6/28/2021 3:     | 11 pm    |
|          | Wkst. A Line #  | Cost Center/Physician        | Total          | Professi onal  | Provi der       | RCE Amount                       | Physi ci an/Prov |          |
|          |                 | I denti fi er                | Remuneration   | Component      | Component       |                                  | ider Component   |          |
|          |                 |                              |                |                |                 |                                  | Hours            |          |
|          | 1.00            | 2.00                         | 3.00           | 4.00           | 5.00            | 6.00                             | 7.00             |          |
| 1.00     | 17.00           | SOCIAL SERVICE               | 109, 381       | 0              | 109, 381        | I C                              | 0                | 1.00     |
| 2.00     | 60.00           | LABORATORY                   | 31, 730        | 3, 173         | 28, 55          | 7 C                              |                  | 2.00     |
| 3.00     | 65.00           | RESPI RATORY THERAPY         | 3, 035         | 3, 035         | (               |                                  |                  | 3.00     |
| 4.00     | 90. 02          | GENERAL SURGERY              | 835, 151       | 810, 655       | 24, 496         | i c                              |                  | 4.00     |
| 5.00     | 90.03           | HARRISON CRAWFORD HEALTHCARE | 250, 915       | 238, 897       | 12, 018         | 3 0                              | 0 0              | 5.00     |
| 6.00     | 90.04           | CORYDON MEDICAL ASSOCIATES   | 261, 699       | 261, 699       | (               |                                  | 0 0              | 6.00     |
| 7.00     | 90.05           | ORTHOPEDIC SURGERY - DR      | 1, 020, 702    | 986, 741       | 33, 96          |                                  |                  | 7.00     |
|          |                 | KLINE                        |                |                |                 |                                  |                  |          |
| 8.00     | 90.06           | OBGYN – DR SAUER             | 516, 956       | 516, 956       | (               |                                  |                  | 8.00     |
| 9.00     | 91.00           | EMERGENCY                    | 458, 248       | 0              | 458, 248        | 3 C                              | 0                | 9.00     |
| 10.00    | 95.00           | AMBULANCE SERVICES           | 13, 887        | 13, 887        | (               |                                  |                  | 10.00    |
| 200.00   |                 |                              | 3, 501, 704    |                |                 |                                  | 0                | 200.00   |
|          | Wkst. A Line #  | Cost Center/Physician        | Unadjusted RCE | 5 Percent of   | Cost of         | Provi der                        | Physician Cost   | :        |
|          |                 | I denti fi er                | Limit          | Unadjusted RCE | Memberships &   | Component                        | of Mal practi ce |          |
|          |                 |                              |                | Limit          | Conti nui ng    | Share of col.                    | Insurance        |          |
|          |                 |                              |                |                | Educati on      | 12                               |                  |          |
|          | 1.00            | 2.00                         | 8.00           | 9.00           | 12.00           | 13.00                            | 14.00            |          |
| 1.00     |                 | SOCIAL SERVICE               | 0              | 0              |                 | -                                | -                | 1.00     |
| 2.00     |                 | LABORATORY                   | 0              |                |                 | ) C                              | 0 0              | 2.00     |
| 3.00     | 65.00           | RESPI RATORY THERAPY         | 0              | 0              | (               | 0 0                              | 0                | 3.00     |
| 4.00     | 90. 02          | GENERAL SURGERY              | 0              | 0              | (               | 0 0                              | 0                | 4.00     |
| 5.00     | 90. 03          | HARRISON CRAWFORD HEALTHCARE | 0              | 0              | (               | 0 0                              | 0                | 5.00     |
| 6.00     | 90.04           | CORYDON MEDICAL ASSOCIATES   | 0              | 0              | (               | 0 0                              | 0                | 6.00     |
| 7.00     | 90.05           | ORTHOPEDIC SURGERY - DR      | 0              | 0              | (               | 0 0                              | 0                | 7.00     |
|          |                 | KLINE                        |                |                |                 |                                  |                  |          |
| 8.00     | 90.06           | OBGYN – DR SAUER             | 0              | 0              | (               | ) C                              | 0                | 8.00     |
| 9.00     | 91.00           | EMERGENCY                    | 0              | 0              | (               | ) C                              | 0                | 9.00     |
| 10.00    | 95.00           | AMBULANCE SERVICES           | 0              | 0              | (               | 0 0                              | 0                | 10.00    |
| 200.00   |                 |                              | 0              | 0              | (               | 0 0                              | 0                | 200.00   |
|          | Wkst. A Line #  | Cost Center/Physician        | Provi der      | Adjusted RCE   | RCE             | Adjustment                       |                  |          |
|          |                 | I denti fi er                | Component      | Limit          | Di sal I owance |                                  |                  |          |
|          |                 |                              | Share of col.  |                |                 |                                  |                  |          |
|          |                 |                              | 14             |                |                 |                                  |                  |          |
|          | 1.00            | 2.00                         | 15.00          | 16.00          | 17.00           | 18.00                            |                  |          |
| 1.00     |                 | SOCIAL SERVICE               | 0              |                |                 | ) C                              |                  | 1.00     |
| 2.00     |                 | LABORATORY                   | 0              |                |                 |                                  |                  | 2.00     |
| 3.00     |                 | RESPI RATORY THERAPY         | 0              |                |                 |                                  |                  | 3.00     |
| 4.00     |                 | GENERAL SURGERY              | 0              | 0              | (               | 810, 655                         | 5                | 4.00     |
| 5.00     | 90. 03          | HARRISON CRAWFORD HEALTHCARE | 0              | 0              | (               | 238, 897                         | /                | 5.00     |
| 6.00     | 90.04           | CORYDON MEDICAL ASSOCIATES   | 0              | 0              | (               | 261, 699                         |                  | 6.00     |
| 7.00     | 90.05           | ORTHOPEDIC SURGERY - DR      | 0              | 0              | (               | 986, 741                         |                  | 7.00     |
|          |                 | KLINE                        |                |                |                 |                                  |                  |          |
| 8.00     | 90.06           | OBGYN – DR SAUER             | 0              | 0              | (               | 516, 956                         |                  | 8.00     |
| 9.00     | 91.00           | EMERGENCY                    | 0              | 0              | (               | o  c                             |                  | 9.00     |
| 10.00    | 95.00           | AMBULANCE SERVICES           | 0              | 0              | (               | 13, 887                          | r                | 10.00    |
| 200.00   |                 |                              | 0              | 0              | (               | 2, 835, 043                      | 8                | 200.00   |
|          |                 | •                            |                |                |                 |                                  |                  |          |

| REASON                       | Financial Systems<br>IABLE COST DETERMINATION FOR THERAPY SERVICES<br>DE SUPPLIERS   | HARRI SON COUN<br>FURNI SHED BY   | TY HOSPITAL<br>Provider CC | CN: 15-1331        | In Lie<br>Period:<br>From 01/01/2020<br>To 12/31/2020<br>Respiratory<br>Therapy | u of Form CMS-2<br>Worksheet A-8<br>Parts I-VI<br>Date/Time Pre<br>6/28/2021 3:1<br>Cost | -3<br>pared:   |
|------------------------------|--|-----------------------------------|----------------------------|--------------------|---|--|----------------|
|                              |  |                                   |                            |                    |   | 1.00   |                |
| 1.00<br>2.00<br>3.00<br>4.00 | PART I - GENERAL INFORMATION<br>Total number of weeks worked (excluding aides<br>Line 1 multiplied by 15 hours per week<br>Number of unduplicated days in which supervis<br>Number of unduplicated days in which therapy | sor or therapis<br>assistant was  | t was on provid            |                    |   | 52<br>780<br>0<br>0  | 2.00           |
| 5.00<br>6.00                 | nor therapist was on provider site (see inst<br>Number of unduplicated offsite visits - super<br>Number of unduplicated offsite visits - thera<br>assistant and on which supervisor and/or ther<br>instructions)         | rvisors or ther<br>apy assistants | (include only              | visits madé b      |   | 0<br>0   | 5. 00<br>6. 00 |
| 7.00<br>8.00                 | Standard travel expense rate<br>Optional travel expense rate per mile  |                                   |                            |                    |   | 5. 50<br>0. 00   | 1              |
|                              |  | Supervisors<br>1.00               | Therapists<br>2.00         | Assistants<br>3.00 | Ai des<br>4.00  | Trai nees<br>5.00  |                |
| 9.00                         | Total hours worked   | 0.00                              | 8, 760. 00                 | 0.0                | 0.00  | 0.00   | 9.00           |
| 10. 00<br>11. 00             | AHSEA (see instructions)<br>Standard travel allowance (columns 1 and 2,<br>one-half of column 2, line 10; column 3,<br>one-half of column 3, line 10)  | 0. 00<br>33. 57                   | 67. 13<br>33. 57           | 0. C<br>0. C       |   | 0.00   | 10.00          |
| 12. 00<br>12. 01             | Number of travel hours (provider site)<br>Number of travel hours (offsite)   | 0                                 | 0                          |                    | 0   |  | 12.00<br>12.01 |
| 13.00<br>13.01               | Number of miles driven (provider site)<br>Number of miles driven (offsite)   | 0                                 | 0                          |                    | 0   |  | 13.00<br>13.01 |
|                              |  |                                   |                            |                    |   | 1.00   |                |
| 14.00                        | Part II - SALARY EQUIVALENCY COMPUTATION<br>Supervisors (column 1, line 9 times column 1,  | Lipo 10)                          |                            |                    |   | 0  | 14.00          |
| 14.00<br>15.00               | Therapists (column 2, line 9 times column 2,   |                                   |                            |                    |   | 588, 059   |                |
| 16. 00<br>17. 00             | Assistants (column 3, line 9 times column 3,<br>Subtotal allowance amount (sum of lines 14 am  | line10)                           | ratory therapy             | or lines 14-       | 16 for all  | 0<br>588, 059  | 16.00<br>17.00 |
| 10.00                        | others)  |                                   | 5 15                       |                    |   |  |                |
| 18.00<br>19.00               | Aides (column 4, line 9 times column 4, line<br>Trainees (column 5, line 9 times column 5, li  |                                   |                            |                    |   | 0  | 18.00<br>19.00 |
| 20.00                        | Total allowance amount (sum of lines 17-19 for   | or respiratory                    |                            |                    |   | 588, 059   | 20.00          |
|                              | If the sum of columns 1 and 2 for respiratory occupational therapy, line 9, is greater than  |                                   |                            |                    |   |  |                |
| 21.00                        | the amount from line 20. Otherwise complete<br>Weighted average rate excluding aides and tra   |                                   | divided by sur             | m of columns       | 1 and 2, line 9   | 0.00   | 21.00          |
| 22.00                        | for respiratory therapy or columns 1 thru 3,<br>Weighted allowance excluding aides and traine  |                                   |                            |                    |   | 0  | 22.00          |
| 23.00                        | Total salary equivalency (see instructions)  |                                   | ,                          |                    |   | 588, 059   | 1              |
|                              | PART III - STANDARD AND OPTIONAL TRAVEL ALLOW<br>Standard Travel Allowance   | ANCE AND TRAVE                    | L EXPENSE COMPL            | UTATION - PRO      | VIDER SITE  |  | -              |
| 24.00                        | Therapists (line 3 times column 2, line 11)  |                                   |                            |                    |   | 0  | 24.00          |
| 25.00                        | Assistants (line 4 times column 3, line 11)  | our of Linco D                    | 4 and DE fam al            | ll athera)         |   | 0  |                |
| 26.00<br>27.00               | Subtotal (line 24 for respiratory therapy or<br>Standard travel expense (line 7 times line 3   |                                   |                            |                    | and 4 for all   | 0  | 26.00<br>27.00 |
| 28.00                        | others)<br>Total standard travel allowance and standard  | ·                                 |                            |                    |   | 0  | 28.00          |
|                              | 27)<br>Optional Travel Allowance and Optional Travel   | Expense                           |                            |                    |   |  |                |
| 29.00                        | Therapists (column 2, line 10 times the sum of   | of columns 1 an                   | d 2, line 12 )             |                    |   | 0  |                |
| 30.00<br>31.00               | Assistants (column 3, line 10 times column 3,<br>Subtotal (line 29 for respiratory therapy or  |                                   | 0 and 20 for a             | II othors)         |   | 0  | 30.00<br>31.00 |
| 32.00                        | Optional travel expense (line 8 times columns  |                                   |                            |                    | or sum of   | 0  | 32.00          |
| 22.00                        | columns 1-3, line 13 for all others)   |                                   | 20)                        |                    |   | 0  | 22.00          |
| 33.00<br>34.00               | Standard travel allowance and standard travel Optional travel allowance and standard travel  |                                   |                            | d 31)              |   | 0  | 33.00<br>34.00 |
| 35.00                        | Optional travel allowance and optional travel  |                                   |                            |                    |   | 0  | 35.00          |
|                              | Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWA<br>Standard Travel Expense   | INCE AND TRAVEL                   | EXPENSE COMPU              | TATION - SERV      | ICES OUTSIDE PRO  | VIDER SITE   | -              |
| 36.00                        | Therapists (line 5 times column 2, line 11)  |                                   |                            |                    |   | 0  |                |
| 37.00<br>38.00               | Assistants (line 6 times column 3, line 11)<br>Subtotal (sum of lines 36 and 37)   |                                   |                            |                    |   | 0  |                |
| 39.00<br>39.00               | Standard travel expense (line 7 times the sur  | n of lines 5 an                   | d 6)                       |                    |   | 0  |                |
| 40.00                        | Optional Travel Allowance and Optional Travel  |                                   | 2 11 10                    |                    |   |  | 40.00          |
| 40.00<br>41.00               | Therapists (sum of columns 1 and 2, line 12.0<br>Assistants (column 3, line 12.01 times column   |                                   | ∠, iine 10)                |                    |   | 0  | 40.00          |
| 42.00                        | Subtotal (sum of lines 40 and 41)  | -,                                |                            |                    |   | 0  | 42.00          |
| 43.00                        | Optional travel expense (line 8 times the sur<br>Total Travel Allowance and Travel Expense - C   |                                   |                            | e of the foll      | owing three line  | 0<br>es 44, 45,  | 43.00          |
| 44 00                        | or 46, as appropriate.<br>Standard travel allowance and standard travel  | expense (sum                      | of lines 28 and            | d 39 - soo in      | structions)   | 0  | 44.00          |
|                              |  | cybense (sum                      |                            | a 57 366 H         |   | 0  | 1 00           |

| 01510  | ABLE COST DETERMINATION FOR THERAPY SERVICES I<br>E SUPPLIERS   | FURNI SHED BY                      | Provider C                                       | CN: 15-1331    | Peri od:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet A-8<br>Parts I-VI<br>Date/Time Pre<br>6/28/2021 3:1 | pared:                      |
|--|---|------------------------------------|--|----------------|--|---|-----------------------------|
|  |   |                                    |  |                | Respi ratory<br>Therapy                      | Cost  |                             |
|  |   |                                    |  |                |  | 1.00  |                             |
| 5.00   | Optional travel allowance and standard travel   |                                    |  |                |  | 0   | 45.00                       |
| 6.00   | Optional travel allowance and optional travel   |                                    |  |                |  | 0   | 46.0                        |
|  |   | Therapists<br>1.00                 | Assistants<br>2.00                               | Ai des<br>3.00 | Trai nees<br>4.00                            | <u>Total</u><br>5.00  |                             |
|  | PART V - OVERTIME COMPUTATION   | 1.00                               | 2.00   | 5.00           | 4.00   | 5.00  |                             |
| 7.00   | Overtime hours worked during reporting<br>period (if column 5, line 47, is zero or<br>equal to or greater than 2,080, do not<br>complete lines 48-55 and enter zero in each<br>column of line 56)                             | 0. 00                              | 0. 00  | 0. C           | 0.00   | 0.00  | 47.0                        |
| 8. 00  | Overtime rate (see instructions)  | 0.00                               | 0.00   | 0.0            | 0.00   |   | 48.0                        |
| 9. 00  | Total overtime (including base and overtime<br>allowance) (multiply line 47 times line 48)<br>CALCULATION OF LIMIT  | 0.00                               | 0.00   | 0.0            | 00 0.00                                      |   | 49.00                       |
| 0. 00  | Percentage of overtime hours by category<br>(divide the hours in each column on line 47<br>by the total overtime worked - column 5,<br>line 47)   | 0.00                               | 0.00   | 0. C           | 0.00   | 0.00  | 50.00                       |
| 51.00  | Allocation of provider's standard work year<br>for one full-time employee times the<br>percentages on line 50) (see instructions)   | 0. 00                              | 0.00   | O. C           | 00 0.00                                      | 0.00  | 51.00                       |
| 2.00   | DETERMINATION OF OVERTIME ALLOWANCE<br>Adjusted hourly salary equivalency amount  | 67.13                              | 0.00   | 0.0            | 0.00   |   | 52.0                        |
| 3.00   | (see instructions)<br>Overtime cost limitation (line 51 times line  | 07.13                              | 0.00   |                | 0 0  |   | 53.0                        |
| 4. 00  | 52)<br>Maximum overtime cost (enter the lesser of   | 0                                  | 0  |                | 0 0  |   | 54.0                        |
|  | line 49 or line 53)<br>Portion of overtime already included in  | 0                                  | 0  |                | 0 0  |   | 55.0                        |
|  | hourly computation at the AHSEA (multiply<br>line 47 times line 52)   |                                    |  |                |  |   |                             |
| 6. 00  | Overtime allowance (line 54 minus line 55 -<br>if negative enter zero) (Enter in column 5<br>the sum of columns 1, 3, and 4 for   | 0                                  | 0  |                | 0 0  | 0   | 56.0                        |
|  | respiratory therapy and columns 1 through 3 for all others.)  |                                    |  |                |  |   |                             |
|  |   |                                    |  |                | -  | 1.00  |                             |
| 7.00   | Part VI - COMPUTATION OF THERAPY LIMITATION A   | ND EXCESS COST                     | ADJUSTMENT                                       |                |  | 500.050   |                             |
| 8.00<br>9.00<br>0.00                                     | Salary equivalency amount (from line 23)<br>Travel allowance and expense - provider site<br>Travel allowance and expense - Offsite servic<br>Overtime allowance (from column 5, line 56)<br>Equipment cost (see instructions) |                                    |  | )              |  | 588, 059<br>0<br>0<br>0<br>0                                  | 58. 0<br>59. 0<br>60. 0     |
|  | Supplies (see instructions)   |                                    |  |                |  | 0   |                             |
| 3.00<br>4.00   | Total allowance (sum of lines 57-62)  | Nour recorde)                      |  |                |  | 588, 059  |                             |
|  | Total cost of outside supplier services (from<br>Excess over limitation (line 64 minus line 63<br>LINE 33 CALCULATION   | -                                  | enter zero)                                      |                |  | 482, 036<br>0   |                             |
|  | Line 26 = line 24 for respiratory therapy or  | sum of lines 24                    | and 25 for a                                     | II others      |  | 0   | 100. 0                      |
| 00.00  | Line 27 = line 7 times line 3 for respiratory   | therapy or sum                     | n of lines 3 a                                   | nd 4 for all   | others                                       |   | 100. 0<br>100. 0            |
| 00. 01   | Line 33 = line 28 = sum of lines 26 and 27  |                                    |  |                |  |   |                             |
| 00. 01<br>00. 02<br>01. 00                               |   |                                    |  |                | others                                       | 0   | 101. 0<br>101. 0            |
| 00. 01<br>00. 02<br>01. 00<br>01. 01<br>01. 02           | Line 33 = line 28 = sum of lines 26 and 27<br>LINE 34 CALCULATION<br>Line 27 = line 7 times line 3 for respiratory<br>Line 31 = line 29 for respiratory therapy or<br>Line 34 = sum of lines 27 and 31<br>LINE 35 CALCULATION | sum of lines 29                    | and 30 for a                                     | II others      | others                                       | 0   | 101. 00<br>101. 0<br>101. 0 |
| 00. 01<br>00. 02<br>01. 00<br>01. 01<br>01. 02<br>02. 00 | Line 33 = line 28 = sum of lines 26 and 27<br>LINE 34 CALCULATION<br>Line 27 = line 7 times line 3 for respiratory<br>Line 31 = line 29 for respiratory therapy or<br>Line 34 = sum of lines 27 and 31                        | sum of lines 29<br>sum of lines 29 | and 30 for a a a a a a a a a a a a a a a a a a a | II others      |  | 0<br>0<br>0   | 101.0                       |

| Heal th          | Financial Systems  | HARRI SON COUN          | TY HOSPITAL         |                    | In Lie                         | u of Form CMS-:         | 2552-10        |
|------------------|--|-------------------------|---------------------|--------------------|--------------------------------|-------------------------|----------------|
|                  | LLOCATION - GENERAL SERVICE COSTS                                      |                         | Provider CC         |                    | Peri od:                       | Worksheet B             |                |
|                  |  |                         |                     |                    | rom 01/01/2020<br>o 12/31/2020 | Part I<br>Date/Time Pre | pared:         |
|                  |  |                         |                     |                    | LATED COSTS                    | 6/28/2021 3:1           | 1 pm           |
|                  |  |                         |                     | CAPITAL RE         | LATED COSTS                    |                         |                |
|                  | Cost Center Description  | Net Expenses            | NEW BLDG &          | MOB                | AMB DEPR                       | NEW MVBLE               |                |
|                  |  | for Cost                | FLXT                |                    |                                | EQUI P                  |                |
|                  |  | Allocation              |                     |                    |                                |                         |                |
|                  |  | (from Wkst A<br>col. 7) |                     |                    |                                |                         |                |
|                  |  | 0                       | 1.00                | 1.01               | 1.02                           | 2.00                    |                |
|                  | GENERAL SERVICE COST CENTERS   |                         |                     |                    |                                |                         |                |
| 1.00             | 00100 NEW CAP REL COSTS-BLDG & FIXT                                    | 1, 741, 984             | 1, 741, 984         | (50.00)            |                                |                         | 1.00           |
| 1.01<br>1.02     | 00101 MOB<br>00102 AMB DEPR  | 658, 330<br>65, 303     | 0                   | 658, 330<br>(      |                                |                         | 1.01<br>1.02   |
| 2.00             | 00200 NEW CAP REL COSTS-MVBLE EQUIP                                    | 1, 176, 859             | 0                   |                    | 00, 303                        | 1, 176, 859             | 1              |
| 2.01             | 00201 AMB EQUIP  | 166, 506                |                     |                    |                                | 0                       | 1              |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT                                     | 979, 776                | 2, 554              | (                  |                                | 1, 725                  |                |
| 5.01             | 00590 ADMI NI STRATI VE & GENERAL                                      | 5, 187, 112             | 256, 778            | 3, 765             |                                | 173, 476                |                |
| 5.02<br>5.03     | 00570 ADMI TTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE           | 634, 992<br>1, 134, 532 | 0                   | (                  | -                              | 0                       |                |
| 7.00             | 00700 OPERATION OF PLANT   | 1, 728, 498             | 200, 305            | (                  |                                | 135, 323                |                |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE  | 262, 421                | 11, 696             | (                  | 0                              | 7, 901                  | 8.00           |
| 9.00             | 00900 HOUSEKEEPI NG  | 858, 265                | 25, 051             | (                  |                                | 16, 924                 |                |
| 10.00            | 01000 DI ETARY   | 389, 984                | 72, 893             | (                  |                                | 49, 245                 |                |
| 11.00<br>13.00   | 01100 CAFETERIA<br>01300 NURSING ADMINISTRATION                        | 372, 493<br>865, 294    | 36, 414<br>6, 129   | (                  |                                | 24, 601<br>4, 140       |                |
| 13.00            | 01400 CENTRAL SERVICES & SUPPLY  | 837, 106                | 0, 129              | (                  |                                | 4, 140                  | 1              |
| 16.00            | 01600 MEDI CAL RECORDS & LI BRARY                                      | 903, 223                | 40, 666             | 21, 956            | -                              | 27, 474                 | 1              |
| 17.00            | 01700 SOCIAL SERVICE   | 472, 624                | 2, 451              | (                  | 0 0                            | 1, 656                  | 17.00          |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS                                 | <u> </u>                | 00/ 057             |                    |                                | 000.110                 |                |
| 30.00<br>31.00   | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT                 | 5, 693, 958<br>461, 188 | 296, 257<br>36, 989 | (                  |                                | 200, 149<br>24, 989     |                |
| 43.00            | 04300 NURSERY  | 140, 726                | 7, 661              | (                  |                                | 5, 176                  | 1              |
| 101.00           | ANCI LLARY SERVICE COST CENTERS  | 1107720                 | ,,                  |                    | <u> </u>                       | 6, 1, 6                 | 10100          |
| 50.00            | 05000 OPERATING ROOM   | 1, 546, 036             | 226, 275            | (                  |                                | 152, 868                |                |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM                                       | 0                       | 0                   | (                  |                                | 0                       |                |
| 53.00<br>54.00   | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C                 | 10, 961<br>1, 930, 470  | 110 551             | (                  |                                | 0                       | 1              |
| 60. 00           | 06000 LABORATORY   | 2, 309, 992             | 118, 551<br>62, 308 | (                  |                                | 80, 092<br>42, 094      |                |
| 65.00            | 06500 RESPI RATORY THERAPY   | 506, 804                | 13, 560             | (                  |                                | 9, 161                  | 1              |
| 66.00            | 06600 PHYSI CAL THERAPY  | 367, 663                | 45, 876             | (                  | 0 0                            | 30, 993                 | 66.00          |
| 67.00            | 06700 OCCUPATI ONAL THERAPY  | 61, 022                 | 0                   | (                  | 0 0                            | 0                       |                |
| 68.00<br>69.00   | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY                     | 4, 766<br>603, 559      | 0<br>23, 289        | (                  | 0                              | 0<br>15 724             |                |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                             | 1, 785, 966             | 23, 289<br>55, 618  | (                  |                                | 15, 734<br>37, 574      |                |
| 72.00            | 07200 I MPL. DEV. CHARGED TO PATIENT                                   | 1, 303, 624             | 00,010              | (                  | 0 0                            | 0                       |                |
| 73.00            | 07300 DRUGS CHARGED TO PATIENTS  | 2, 864, 298             | 15, 654             | (                  | 0 0                            | 10, 575                 | 73.00          |
| ~~ ~~            | OUTPATIENT SERVICE COST CENTERS  |                         |                     |                    |                                |                         |                |
|                  | 09000 CLINIC<br>09001 SENIOR CARE                                      | 61, 640<br>253, 334     | 0                   | 30, 985<br>22, 475 |                                | 0                       | 90.00<br>90.01 |
| 90. 01<br>90. 02 | 09001 SENTOR CARE<br>09002 GENERAL SURGERY                             | 253, 334<br>269, 421    | 0                   | 43, 414            |                                | 0                       |                |
| 90.03            | 09003 HARRI SON CRAWFORD HEALTHCARE                                    | 434, 879                | 0                   | 60, 664            |                                | 0                       |                |
| 90.04            | 09004 CORYDON MEDICAL ASSOCIATES                                       | 294, 038                | 0                   | 60, 664            |                                | 0                       | 90.04          |
| 90.05            | 09005 ORTHOPEDIC SURGERY - DR KLINE                                    | 332, 543                | 0                   | 92, 801            |                                | 0                       |                |
| 90.06            | 09006 OBGYN - DR SAUER   | 141, 313                | 0                   | 30, 332            |                                | 0                       | 1              |
| 91.00<br>92.00   | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)          | 2, 518, 277             | 83, 746             | 30, 985            | 0                              | 56, 577                 | 91.00<br>92.00 |
| 72.00            | OTHER REIMBURSABLE COST CENTERS  | I I                     |                     |                    | 1                              | L                       | /2.00          |
| 95.00            | 09500 AMBULANCE SERVI CES  | 3, 264, 096             | 0                   | (                  | 65, 303                        | 0                       | 95.00          |
|                  | SPECIAL PURPOSE COST CENTERS   |                         |                     |                    |                                |                         | 1              |
|                  | 11300 INTEREST EXPENSE   |                         | 1 ( 10 701          | 200.04             | (5.000                         | 1 100 447               | 113.00         |
| 118.00           | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS | 45, 595, 876            | 1, 640, 721         | 398, 041           | 65, 303                        | 1, 108, 447             | 1118.00        |
| 190.00           | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                              | 0                       | 10, 406             | (                  | ) 0                            | 7.030                   | 190.00         |
|                  | 19200 PHYSI CI ANS' PRI VATE OFFI CES                                  | 8, 596, 666             | 84, 473             | (                  |                                |                         | 192.00         |
| 194.00           | 07950 MARKETI NG   | 0                       | 0                   | (                  | 0                              | 0                       | 194.00         |
|                  | 07951 PHYSICIAN BILLING  | 657, 742                | 6, 384              | (                  | 0                              |                         | 194.01         |
|                  | 07952 MOB  | 0                       | 0                   | 260, 289           | 0                              | 0                       | 194.02         |
| 200.00<br>201.00 |  |                         | 0                   | ſ                  |                                | n                       | 200.00         |
| 201.00           |  | 54, 850, 284            | 1, 741, 984         | 658, 330           | 65, 303                        |                         |                |
|                  |  |                         |                     |                    |                                |                         | •              |

|   | ncial Systems<br>TION - GENERAL SERVICE COSTS   | HARRISON COUN                           | Provider CC   |   | Period:<br>From 01/01/2020<br>To 12/31/2020                                   | u of Form CMS-<br>Worksheet B<br>Part I<br>Date/Time Pre<br>6/28/2021 3:1 | epared  |
|---|---|---|---|---|---|---|---|
|   | Cost Center Description   | CAPI TAL<br>RELATED COSTS<br>AMB EQUI P | EMPLOYEE<br>BENEFITS<br>DEPARTMENT  | Subtotal  | ADMI NI STRATI VE<br>& GENERAL  | ADMI TTI NG   |   |
| GENER   | RAL SERVICE COST CENTERS  | 2.01                                    | 4.00  | 4A  | 5. 01   | 5.02  |   |
| I. 00         00100           I. 01         00101           I. 02         00102           I. 02         00102           I. 00         00200           I. 00         00200           I. 00         00200           I. 00         00400           I. 00         00590           I. 02         00570           I. 03         00580           I. 00         00700 | 0 NEW CAP REL COSTS-BLDG & FIXT<br>1 MOB<br>2 AMB DEPR<br>0 NEW CAP REL COSTS-MVBLE EQUIP<br>1 AMB EQUIP<br>0 EMPLOYEE BENEFITS DEPARTMENT<br>0 ADMINISTRATIVE & GENERAL<br>0 ADMINTING<br>0 CASHIERING/ACCOUNTS RECEIVABLE<br>0 OPERATION OF PLANT | 166, 506<br>0<br>0<br>0<br>0<br>0<br>0  | 984, 055<br>56, 353<br>17, 153<br>14, 960<br>9, 330                           | 5, 677, 48<br>652, 14<br>1, 149, 49<br>2, 073, 45                                       | 5 75, 297<br>2 132, 720<br>6 239, 401   | 727, 442<br>0<br>0  | 5. (<br>7. (                                      |
| 9.00         00900           10.00         01000           11.00         01100           13.00         01300           14.00         01400           16.00         01600  | 0 LAUNDRY & LINEN SERVICE<br>0 HOUSEKEEPING<br>0 DIETARY<br>0 CAFETERIA<br>0 NURSING ADMINISTRATION<br>0 CENTRAL SERVICES & SUPPLY<br>0 MEDICAL RECORDS & LIBRARY<br>0 SOCIAL SERVICE   |   | 824<br>18, 839<br>6, 960<br>8, 859<br>23, 930<br>7, 844<br>21, 875<br>13, 799 | 282, 84<br>919, 07<br>519, 08<br>442, 36<br>899, 49<br>844, 95<br>1, 015, 19<br>490, 53 | 9 106, 117<br>2 59, 933<br>7 51, 076<br>3 103, 855<br>0 97, 558<br>4 117, 214 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                                 | 9. (<br>10. (<br>11. (<br>13. (<br>14. (<br>16. ( |
|   | TIENT ROUTINE SERVICE COST CENTERS  | <u> </u>                                | 13, 777   | 490, 55   | 0 50,037  | 0   | <u> </u>  |
| 1.00 03100  | 0 ADULTS & PEDI ATRI CS<br>0 I NTENSI VE CARE UNI T<br>0 NURSERY  | 0<br>0<br>0                             | 147, 418<br>12, 443<br>5, 055   | 6, 337, 78<br>535, 60<br>158, 61  | 9 61, 841   | 42, 818<br>5, 438<br>6, 275   | 31.   |
|   | LLARY SERVICE COST CENTERS  | 0                                       | 35, 155   | 1, 960, 33  | 4 226, 340  | 62, 343   | 50.   |
|   | O DELIVERY ROOM & LABOR ROOM  | 0                                       | 0   |   | 0 0   | 0   | 52.   |
|   | 0 ANESTHESI OLOGY<br>0 RADI OLOGY-DI AGNOSTI C  | 0                                       | 0<br>35, 879  | 10, 96<br>2, 164, 99  |   | 12, 343<br>165, 344   |   |
| 0. 00 06000   | O LABORATORY  | 0                                       | 28, 597   | 2, 442, 99  | 1 282, 068  | 115, 708  | 60.   |
|   | 0 RESPI RATORY THERAPY<br>0 PHYSI CAL THERAPY   | 0                                       | 0<br>10, 884  | 529, 52<br>455, 41  |   | 12, 638<br>11, 064  |   |
|   | O OCCUPATIONAL THERAPY  | 0                                       | 1, 801  | 62, 82  |   | 2, 017  |   |
|   | O SPEECH PATHOLOGY  | 0                                       | 141   | 4,90  |   | 499   |   |
|   | 0 ELECTROCARDI OLOGY<br>0 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   | 0                                       | 15, 667<br>0  | 658, 24<br>1, 879, 15   |   | 39, 958<br>22, 977  |   |
| 2.00 07200  | O IMPL. DEV. CHARGED TO PATIENT   | 0                                       | Ö   | 1, 303, 62  | 4 150, 516  | 18, 891   |   |
|   | O DRUGS CHARGED TO PATIENTS<br>ATIENT SERVICE COST CENTERS  | 0                                       | 12, 658   | 2, 903, 18  | 5 335, 202  | 44, 000   | 73.   |
| 0.00 09000  | O CLINIC  | 0                                       | 689   | 93, 31  | 4 10, 774   | 912   | 90.   |
|   | 1 SENI OR CARE<br>2 GENERAL SURGERY   | 0                                       | 3, 542  | 279, 35   |   | 1, 420  |   |
|   | 3 HARRI SON CRAWFORD HEALTHCARE   | 0                                       | 31, 266<br>20, 533  | 344, 10<br>516, 07  |   | 3, 028  | 90.<br>90.  |
|   | 4 CORYDON MEDICAL ASSOCIATES  | 0                                       | 18, 489   | 373, 19   | 1 43, 089   | 3, 757  |   |
|   | 5 ORTHOPEDIC SURGERY – DR KLINE<br>6 OBGYN – DR SAUER   | 0                                       | 43, 462<br>17, 800  | 468, 80<br>189, 44  |   | 3, 113<br>680   |   |
| 1.00 09100  | 0 EMERGENCY   | 0                                       | 56, 527   | 2, 746, 11  |   | 107, 142  |   |
|   | 0 OBSERVATION BEDS (NON-DISTINCT PART)<br>R REIMBURSABLE COST CENTERS   |   |   |   | 0   |   | 92.   |
| 5.00 09500  | AMBULANCE SERVICES  | 166, 506                                | 80, 227   | 3, 576, 13  | 2 412, 900  | 44, 575   | 95.   |
|   | INTEREST EXPENSE  |   |   |   |   |   | 113.  |
|   | SUBTOTALS (SUM OF LINES 1 through 117)<br>EIMBURSABLE COST CENTERS<br>OGIFT, FLOWER, COFFEE SHOP & CANTEEN  | 166, 506                                | 778, 959  | 44, 960, 81   |   | 727, 442  | 118.  |
|   | O PHYSICIANS' PRIVATE OFFICES   | 0                                       | 190, 110  | 8, 928, 31  |   |   | 190.  |
|   | 0 MARKETI NG  | 0                                       | 0   |   | 0 0   |   | 194.  |
| 94.010795<br>94.0207952   | 1 PHYSICIAN BILLING<br>2 MOB  | 0                                       | 14, 986<br>0  | 683, 42<br>260, 28  |   |   | 194.<br>194.                                      |
| 00.00   | Cross Foot Adjustments  |   | Ű   |   | 0   |   | 200.  |
| 01.00   | Negative Cost Centers<br>TOTAL (sum lines 118 through 201)  | 0                                       | 084 055   |   | 0 0   | 0<br>727, 442   | 201.  |
| 02.00   | INTRE (SUM TIMES TTO LINUUGH 201)   | 166, 506                                | 984, 055  | 54, 850, 28   | 4 5, 677, 484   | 121,442   | 1202.   |

|                                      | Financial Systems<br>LLOCATION - GENERAL SERVICE COSTS                          | HARRI SON COUN                           | Provider C            | CN: 15-1331 P<br>F<br>T    | eriod:<br>rom 01/01/2020 | u of Form CMS-:<br>Worksheet B<br>Part I<br>Date/Time Pre<br>6/28/2021 3:1 | pared:                        |
|--------------------------------------|---|--|-----------------------|----------------------------|--------------------------|--|-------------------------------|
|                                      | Cost Center Description   | CASHI ERI NG/ACC<br>OUNTS<br>RECEI VABLE | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPI NG            | DI ETARY   |                               |
|                                      |   | 5.03                                     | 7.00                  | 8.00                       | 9.00                     | 10.00  |                               |
| 1 00                                 | GENERAL SERVICE COST CENTERS  | 1  |                       |                            | I                        |  | 1 1 00                        |
| 1.00<br>1.01                         | 00100 NEW CAP REL COSTS-BLDG & FIXT<br>00101 MOB                                |  |                       |                            |                          |  | 1.00                          |
| 1.01                                 | 00102 AMB DEPR  |  |                       |                            |                          |  | 1.01                          |
| 2.00                                 | 00200 NEW CAP REL COSTS-MVBLE EQUIP   |  |                       |                            |                          |  | 2.00                          |
| 2.00                                 | 00201 AMB EQUIP   |  |                       |                            |                          |  | 2.00                          |
| 4.00                                 | 00400 EMPLOYEE BENEFITS DEPARTMENT  |  |                       |                            |                          |  | 4.00                          |
| 5.01                                 | 00590 ADMI NI STRATI VE & GENERAL   |  |                       |                            |                          |  | 5.01                          |
| 5.02                                 | 00570 ADMI TTI NG   |  |                       |                            |                          |  | 5.02                          |
| 5.03                                 | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   | 1, 282, 212                              |                       |                            |                          |  | 5.03                          |
| 7.00                                 | 00700 OPERATION OF PLANT  | 0  | 2, 312, 857           |                            |                          |  | 7.00                          |
| 8.00                                 | 00800 LAUNDRY & LINEN SERVICE   | 0  | 21, 094               | 336, 593                   |                          |  | 8.00                          |
| 9.00                                 | 00900 HOUSEKEEPI NG   | 0  | 45, 182               |                            | 1, 070, 378              |  | 9.00                          |
| 10.00                                | 01000 DI ETARY  | 0  | 131, 470              |                            |                          | 777, 233   |                               |
| 11.00                                |   | 0  | 65, 678               |                            | 31, 292                  | 0  |                               |
|                                      | 01300 NURSI NG ADMI NI STRATI ON  | 0  | 11, 054               |                            | 5, 267                   | 0  |                               |
| 14.00                                | 01400 CENTRAL SERVICES & SUPPLY   | 0  | 0                     | 0                          | 0                        | 0  |                               |
|                                      | 01600 MEDICAL RECORDS & LIBRARY   | 0  | 73, 346               | 0                          | 34, 946                  | 0  |                               |
| 17.00                                | 01700 SOCIAL SERVICE  | 0  | 4, 421                | 0                          | 2, 107                   | 0  | 17.00                         |
| 30.00                                | 03000 ADULTS & PEDIATRICS   | 75, 476                                  | 534, 335              | 105, 598                   | 254, 580                 | 687, 438   | 30.00                         |
| 31.00                                | 03100 I NTENSI VE CARE UNI T  | 9, 586                                   | 66, 714               |                            | 31, 786                  | 89, 795  |                               |
| 43.00                                | 04300 NURSERY   | 11,062                                   | 13, 817               |                            | 6, 583                   | 0  |                               |
|                                      | ANCI LLARY SERVI CE COST CENTERS  |  |                       | -                          |                          | -  |                               |
| 50.00                                | 05000 OPERATI NG ROOM   | 109, 893                                 | 408, 113              | 23, 231                    | 194, 445                 | 0  | 50.00                         |
| 52.00                                | 05200 DELIVERY ROOM & LABOR ROOM  | 0  | 0                     | 0                          | 0                        | 0  | 52.00                         |
| 53.00                                | 05300 ANESTHESI OLOGY   | 21, 757                                  | 0                     | 0                          | 0                        | 0  | 53.00                         |
| 54.00                                | 05400 RADI OLOGY-DI AGNOSTI C   | 291, 388                                 | 213, 821              | 42, 616                    | 101, 874                 | 0  |                               |
| 60.00                                | 06000 LABORATORY  | 203, 961                                 | 112, 380              |                            | 53, 543                  | 0  |                               |
| 65.00                                | 06500 RESPI RATORY THERAPY  | 22, 277                                  | 24, 456               |                            | 11, 652                  | 0  |                               |
| 66.00                                | 06600 PHYSI CAL THERAPY   | 19, 503                                  | 82, 742               |                            | 39, 422                  | 0  | 66.00                         |
| 67.00                                | 06700 OCCUPATI ONAL THERAPY   | 3, 555                                   | 0                     | 0                          | 0                        | 0  | 67.00                         |
| 68.00<br>69.00                       | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY                              | 879<br>70, 436                           | 42, 004               |                            | 20, 013                  | 0  | 68.00<br>69.00                |
| 71.00                                | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                      | 40, 503                                  | 100, 313              |                            | 47, 794                  | 0  | 1                             |
| 72.00                                | 07200 IMPL. DEV. CHARGED TO PATIENT   | 33, 299                                  | 00,313                |                            | 47,774                   | 0  |                               |
| 73.00                                | 07300 DRUGS CHARGED TO PATIENTS   | 77, 560                                  | 28, 233               |                            |                          | 0  |                               |
|                                      | OUTPATIENT SERVICE COST CENTERS   |  |                       | -                          |                          |  |                               |
| 90.00                                | 09000 CLI NI C  | 1, 608                                   | 0                     | 760                        | 0                        | 0  | 90.00                         |
| 90.01                                | 09001 SENI OR CARE  | 2, 503                                   | 0                     | 91                         | 0                        | 0  | 90.01                         |
| 90.02                                | 09002 GENERAL SURGERY   | 885                                      | 0                     | 366                        | 0                        | 0  |                               |
|                                      | 09003 HARRI SON CRAWFORD HEALTHCARE   | 5, 337                                   | 0                     |                            | 0                        | 0  |                               |
|                                      | 09004 CORYDON MEDICAL ASSOCIATES  | 6, 622                                   | 0                     | 021                        | 0                        | 0  | 1 /0.01                       |
|                                      | 09005 ORTHOPEDIC SURGERY - DR KLINE   | 5, 488                                   |                       | 110                        | 0                        | 0  |                               |
| 90.06                                | 09006 OBGYN - DR SAUER  | 1, 198                                   |                       | 723                        | 71 0/5                   | 0  |                               |
|                                      | 09100 EMERGENCY   | 188, 863                                 | 151, 045              | 89, 455                    | 71, 965                  | 0  |                               |
| 92.00                                | 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)<br>OTHER REIMBURSABLE COST CENTERS |  |                       |                            | I                        |  | 92.00                         |
| 95 00                                | 09500 AMBULANCE SERVICES  | 78, 573                                  | 0                     | 16, 289                    | 0                        | 0  | 95.00                         |
| <i>7</i> 5.00                        | SPECIAL PURPOSE COST CENTERS  | 10, 575                                  | 0                     | 10, 209                    | <u> </u>                 | 0  | 75.00                         |
| 113.00                               | 11300 I NTEREST EXPENSE   |  |                       |                            |                          |  | 113.00                        |
| 118.00                               |   | 1, 282, 212                              | 2, 130, 218           | 325, 912                   | 983, 360                 | 777, 233   |                               |
|                                      | NONREI MBURSABLE COST CENTERS   |  | ,,                    |                            | ,                        | , 200  | 1                             |
| 190.00                               | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                       | 0  | 18, 768               | 0                          | 8, 942                   | 0  | 190.00                        |
| 100.00                               | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 0  | 152, 357              |                            | 72, 590                  |  | 192.00                        |
| 192.00                               | 07950 MARKETI NG  | 0  | 0                     | 0                          | 0                        | 0  | 194.00                        |
| 194.00                               |   |  | I 44 544              |                            | 5, 486                   | 0  | 194.01                        |
| 194.00<br>194.01                     | 07951 PHYSICIAN BILLING   | 0  | 11, 514               | 0                          | 5,400                    |  |                               |
| 194.00<br>194.01<br>194.02           | 07952 MOB   | 0  | 0                     | 0                          | 0                        |  | 194.02                        |
| 194.00<br>194.01<br>194.02<br>200.00 | 07952 MOB<br>Cross Foot Adjustments   | 000                                      | 0                     | 0                          | 0                        | 0  | 194. 02<br>200. 00            |
| 194.00<br>194.01<br>194.02           | 07952 MOB<br>Cross Foot Adjustments<br>Negative Cost Centers                    | 0<br>0<br>1, 282, 212                    | 0                     | 0<br>0<br>336, 593         | 0                        | 0  | 194. 02<br>200. 00<br>201. 00 |

| Heal th          | Financial Systems   | HARRI SON COUN     | TY HOSPITAL       |                    | In Lie                     | eu of Form CMS-2                  | 2552-10            |
|------------------|---|--------------------|-------------------|--------------------|----------------------------|-----------------------------------|--------------------|
| COST A           | LLOCATION - GENERAL SERVICE COSTS   |                    | Provider CC       |                    | Period:<br>From 01/01/2020 | Worksheet B<br>Part I             |                    |
|                  |   |                    |                   |                    | To 12/31/2020              | Date/Time Pre                     |                    |
|                  | Cost Center Description   | CAFETERI A         | NURSI NG          | CENTRAL            | MEDI CAL                   | 6/28/2021 3:1<br>SOCI AL SERVI CE |                    |
|                  |   |                    | ADMI NI STRATI ON | SERVICES &         | RECORDS &                  |                                   |                    |
|                  |   | 11.00              | 12.00             | SUPPLY             | LIBRARY                    | 17.00                             |                    |
|                  | GENERAL SERVICE COST CENTERS  | 11.00              | 13.00             | 14.00              | 16.00                      | 17.00                             |                    |
|                  | 00100 NEW CAP REL COSTS-BLDG & FIXT   |                    |                   |                    |                            |                                   | 1.00               |
|                  | 00101 MOB   |                    |                   |                    |                            |                                   | 1.01               |
|                  | 00102 AMB DEPR  |                    |                   |                    |                            |                                   | 1.02               |
|                  | 00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00201 AMB EQUIP                            |                    |                   |                    |                            |                                   | 2.00<br>2.01       |
|                  | 00400 EMPLOYEE BENEFITS DEPARTMENT  |                    |                   |                    |                            |                                   | 4.00               |
|                  | 00590 ADMI NI STRATI VE & GENERAL   |                    |                   |                    |                            |                                   | 5.01               |
|                  | 00570 ADMI TTI NG   |                    |                   |                    |                            |                                   | 5.02               |
|                  | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   |                    |                   |                    |                            |                                   | 5.03               |
|                  | 00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE                         |                    |                   |                    |                            |                                   | 7.00<br>8.00       |
| 9.00             | 00900 HOUSEKEEPI NG   |                    |                   |                    |                            |                                   | 9.00               |
| 10.00            | 01000 DI ETARY  |                    |                   |                    |                            |                                   | 10.00              |
|                  | 01100 CAFETERI A  | 590, 413           |                   |                    |                            |                                   | 11.00              |
|                  | 01300 NURSI NG ADMI NI STRATI ON  | 17, 262            | 1, 036, 931       | 055 10             | 2                          |                                   | 13.00              |
|                  | 01400 CENTRAL SERVICES & SUPPLY<br>01600 MEDICAL RECORDS & LIBRARY                | 12, 624<br>28, 558 | 0                 | 955, 13<br>3, 21   |                            |                                   | 14.00<br>16.00     |
|                  | 01700 SOCIAL SERVICE  | 9, 391             | 0                 | 16                 |                            |                                   | 17.00              |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS  |                    |                   |                    | -                          |                                   |                    |
|                  | 03000 ADULTS & PEDI ATRI CS   | 159, 027           | 542, 663          | 42, 98             |                            |                                   | 30.00              |
|                  | 03100 I NTENSI VE CARE UNI T  | 14, 529            | 49, 578           | 4, 73              |                            | 54, 712                           | 31.00              |
|                  | 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS                                 | 5, 792             | 19, 765           | 2                  | 3 10, 979                  | 89, 681                           | 43.00              |
|                  | 05000 OPERATI NG ROOM   | 45, 415            | 154, 972          | 64, 85             | 6 109, 066                 | 0                                 | 50.00              |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM  | 0                  | 0                 |                    | 0 0                        |                                   | 52.00              |
|                  | 05300 ANESTHESI OLOGY   | 0                  | 0                 | 4, 16              |                            |                                   | 53.00              |
|                  | 05400 RADI OLOGY-DI AGNOSTI C   | 43, 683            | 0                 | 28, 28             |                            | 0                                 | 54.00              |
|                  | 06000 LABORATORY<br>06500 RESPI RATORY THERAPY                                    | 30, 097            | 0                 | 164, 59<br>4, 80   |                            |                                   | 60.00<br>65.00     |
|                  | 06600 PHYSI CAL THERAPY   | 8, 756             | 0                 | 4, 88<br>59        |                            |                                   | 66.00              |
|                  | 06700 OCCUPATI ONAL THERAPY   | 1, 443             | 0                 | 3                  |                            | 0                                 | 67.00              |
|                  | 06800 SPEECH PATHOLOGY  | 115                | 0                 |                    | 0 872                      | 0                                 | 68.00              |
|                  | 06900 ELECTROCARDI OLOGY  | 14, 356            | 48, 987           | 6, 46              |                            |                                   | 69.00              |
|                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENT | 0                  | 0                 | 291, 28<br>206, 40 |                            |                                   | 71.00<br>72.00     |
|                  | 07300 DRUGS CHARGED TO PATIENTS   | 6, 389             | 0                 | 2, 26              |                            | 0                                 | 73.00              |
|                  | OUTPATIENT SERVICE COST CENTERS   |                    |                   |                    |                            |                                   |                    |
|                  | 09000 CLINIC  | 693                | 2, 364            | 2, 05              |                            |                                   | 90.00              |
|                  | 09001 SENI OR CARE  | 2,867              | 9, 784            | 10<br>89           |                            | 0                                 | 90. 01<br>90. 02   |
|                  | 09002 GENERAL SURGERY<br>09003 HARRI SON CRAWFORD HEALTHCARE                      | 10, 911<br>18, 031 | 0                 | 7, 02              |                            | 0                                 | 90.02              |
|                  | 09004 CORYDON MEDICAL ASSOCIATES  | 14, 221            | 0                 | 6, 83              |                            |                                   | •                  |
| 90.05            | 09005 ORTHOPEDIC SURGERY - DR KLINE   | 19, 244            | 0                 | 62, 29             | 5 5, 447                   |                                   | 90.05              |
|                  | 09006 OBGYN - DR SAUER  | 5,850              | 0                 | 4, 51              |                            |                                   | 90.06              |
|                  | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)                     | 61, 195            | 208, 818          | 18, 41             | 6 187, 441                 | 0                                 | 91.00<br>92.00     |
|                  | OTHER REIMBURSABLE COST CENTERS   |                    |                   |                    |                            |                                   | 92.00              |
|                  | 09500 AMBULANCE SERVICES  | 0                  | 0                 | 28, 12             | 6 77, 982                  | 0                                 | 95.00              |
|                  | SPECIAL PURPOSE COST CENTERS  |                    |                   |                    |                            |                                   |                    |
|                  | 11300 I NTEREST EXPENSE   | 500 440            | 1 00/ 001         | 055 40             | 4 070 470                  | F(0.0F4                           | 113.00             |
| 118.00           | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS           | 530, 449           | 1, 036, 931       | 955, 13            | 2 1, 272, 470              | 563, 251                          | 118.00             |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0                  | 0                 |                    | 0 0                        | 0                                 | 190.00             |
|                  | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 38, 276            | 0                 |                    | 0 0                        |                                   | 192.00             |
|                  | 07950 MARKETI NG  | 0                  | 0                 |                    | 0 0                        |                                   | 194.00             |
|                  | 07951 PHYSI CLAN BILLING  | 21, 688            | 0                 |                    | 0 0                        |                                   | 194.01             |
| 194.02<br>200.00 | 07952 MOB<br>Cross Foot Adjustments   | 0                  | 0                 |                    | 0 0                        |                                   | 194. 02<br>200. 00 |
| 200.00           |   | 0                  | 0                 |                    | 0 0                        |                                   | 200.00             |
| 202.00           |   | 590, 413           | 1, 036, 931       | 955, 13            | 2 1, 272, 470              |                                   |                    |
|                  |   |                    |                   |                    |                            |                                   |                    |

|                | I FINANCIAL SYSTEMS<br>ALLOCATION - GENERAL SERVICE COSTS                 | HARRI SON COUI             | Provider C  | CN: 15-1331            | Period:<br>From 01/01/2020 | u of Form CMS-2552-<br>Worksheet B<br>Part I |
|----------------|---|----------------------------|---|------------------------|----------------------------|--|
|                |   |                            |   |                        | To 12/31/2020              | Date/Time Preparec<br>6/28/2021 3:11 pm      |
|                | Cost Center Description   | Subtotal                   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |                        |                            |  |
|                |   | 24.00                      | 25.00   | 26.00                  |                            |  |
| 1.00           | GENERAL SERVICE COST CENTERS<br>00100 NEW CAP REL COSTS-BLDG & FIXT       |                            |   | 1                      |                            | 1.0  |
| 1.00           | 00100 NEW CAP REL COSTS-BEDG & TTXT                                       |                            |   |                        |                            | 1. (   |
| 1.02           | 00102 AMB DEPR  |                            |   |                        |                            | 1. (   |
| 2.00           | 00200 NEW CAP REL COSTS-MVBLE EQUIP                                       |                            |   |                        |                            | 2.0  |
| 2.01           | 00201 AMB EQUIP   |                            |   |                        |                            | 2.0  |
| 4.00           | 00400 EMPLOYEE BENEFITS DEPARTMENT  |                            |   |                        |                            | 4.0  |
| 5.01<br>5.02   | 00590 ADMI NI STRATI VE & GENERAL<br>00570 ADMI TTI NG                    |                            |   |                        |                            | 5. (   |
| 5.02<br>5.03   | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                   |                            |   |                        |                            | 5.0  |
| 7.00           | 00700 OPERATION OF PLANT  |                            |   |                        |                            | 7.0  |
| 8.00           | 00800 LAUNDRY & LINEN SERVICE   |                            |   |                        |                            | 8.0  |
| 9.00           | 00900 HOUSEKEEPI NG   |                            |   |                        |                            | 9. (   |
| 10.00          | 01000 DI ETARY  |                            |   |                        |                            | 10. (  |
| 11.00<br>13.00 | 01100 CAFETERIA<br>01300 NURSING ADMINISTRATION                           |                            |   |                        |                            | 11. (  |
| 14.00          | 01400 CENTRAL SERVICES & SUPPLY   |                            |   |                        |                            | 13. (  |
| 16.00          | 01600 MEDI CAL RECORDS & LI BRARY   |                            |   |                        |                            | 16.0   |
| 17.00          | 01700 SOCIAL SERVICE  |                            |   |                        |                            | 17. (  |
|                | INPATIENT ROUTINE SERVICE COST CENTERS                                    |                            | T   | 1                      |                            |  |
| 30.00          | 03000 ADULTS & PEDIATRICS   | 10, 008, 229               |   |                        |                            | 30.0   |
| 31.00<br>43.00 | 03100 I NTENSI VE CARE UNI T<br>04300 NURSERY                             | 971, 059<br>340, 909       |   |                        |                            | 31.0   |
| 43.00          | ANCI LLARY SERVICE COST CENTERS   | 540, 70                    | <u>/</u> 0  |                        | 10 7                       | 43. (  |
| 50.00          | 05000 OPERATI NG ROOM   | 3, 359, 008                | 3 0   | 3, 359, 0              | 008                        | 50.0   |
| 52.00          | 05200 DELIVERY ROOM & LABOR ROOM  | C                          | -   |                        | 0                          | 52.0   |
| 53.00          | 05300 ANESTHESI OLOGY   | 72,082                     |   |                        |                            | 53.0   |
| 54.00<br>60.00 | 05400 RADI OLOGY-DI AGNOSTI C<br>06000 LABORATORY                         | 3, 591, 073<br>3, 607, 764 |   | 3, 591, 0<br>3, 607, 7 |                            | 54.0   |
| 50.00<br>55.00 | 06500 RESPIRATORY THERAPY   | 688, 599                   |   | 688, 5                 |                            | 65.0   |
| 66.00          | 06600 PHYSI CAL THERAPY   | 689, 436                   |   |                        |                            | 66.0   |
| 67.00          | 06700 OCCUPATI ONAL THERAPY   | 80, 651                    | 0   | 80, 6                  | 51                         | 67.0   |
| 68.00          | 06800 SPEECH PATHOLOGY  | 7,839                      |   | 7,8                    |                            | 68.0   |
| 59.00<br>71.00 | 06900 ELECTROCARDI OLOGY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 1, 051, 392<br>2, 639, 197 |   |                        |                            | 69.0   |
| 71.00          | 07100 MEDICAL SUPPLIES CHARGED TO PATTENTS                                | 2, 639, 197                |   |                        |                            | 71.0   |
| 73.00          | 07300 DRUGS CHARGED TO PATIENTS   | 3, 487, 267                |   |                        |                            | 72.0   |
|                | OUTPATIENT SERVICE COST CENTERS   |                            |   |                        |                            |  |
| 90.00          | 09000 CLINIC  | 114, 072                   |   |                        |                            | 90. (  |
| 90.01          | 09001 SENI OR CARE  | 330, 860                   |   |                        |                            | 90.0   |
|                | 09002 GENERAL SURGERY   | 398, 271                   |   |                        |                            | 90.0   |
| 90.03<br>90.04 | 09003 HARRI SON CRAWFORD HEALTHCARE<br>09004 CORYDON MEDI CAL ASSOCI ATES | 614, 380<br>454, 610       |   | 614, 3<br>454, 6       |                            | 90. (  |
| 90.05          | 09005 ORTHOPEDIC SURGERY - DR KLINE                                       | 618, 631                   |   | 618, 6                 |                            | 90.0   |
| 90.06          | 09006 OBGYN - DR SAUER  | 225, 473                   | 3 0   | 225, 4                 | 73                         | 90. (  |
| 91.00          | 09100 EMERGENCY   | 4, 147, 518                |   | 4, 147, 5              | 518                        | 91. (  |
| 92.00          | 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)                             |                            | 0   |                        |                            | 92. (  |
| 95.00          | OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES                  | 4, 234, 577                | / 0   | 4, 234, 5              | 77                         | 95.0   |
| , 5. 00        | SPECIAL PURPOSE COST CENTERS  | 7, 234, 377                | 1 0   | +, 204, 0              |                            |  |
| 113.00         | 11300 INTEREST EXPENSE  |                            |   |                        |                            | 113. (                                       |
| 118.00         | SUBTOTALS (SUM OF LINES 1 through 117)                                    | 43, 478, 683               | 3 0   | 43, 478, 6             | 83                         | 118. (                                       |
|                | NONREI MBURSABLE COST CENTERS   |                            |   |                        |                            |  |
|                | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                 | 47, 159                    |   |                        |                            | 190. (                                       |
|                | 0 19200 PHYSI CI ANS' PRI VATE OFFI CES<br>0 07950 MARKETI NG             | 10, 233, 079               |   | 10, 233, 0             | 0                          | 192. (<br>194. (                             |
|                | 107950 MARKETING<br>107951 PHYSICIAN BILLING                              | 801, 021                   | -   | 801, 0                 | -                          | 194. (                                       |
|                | 207952 MOB  | 290, 342                   |   | 290, 3                 |                            | 194. (                                       |
| 200.00         |   | (                          |   |                        | 0                          | 200. 0                                       |
| 201.00         | Negative Cost Centers   | C                          | -   |                        | 0                          | 201. (                                       |
| 202.00         | ) TOTAL (sum lines 118 through 201)                                       | 54, 850, 284               | l 0   | 54, 850, 2             | 284                        | 202.0  |

|                                      | Financial Systems<br>TION OF CAPITAL RELATED COSTS                                    | HARRISON COUN  | Provi der CC       | CN: 15-1331                  | Period:                          | u of Form CMS-<br>Worksheet B | 2002 1                                  |
|--------------------------------------|---|--|--------------------|------------------------------|----------------------------------|-------------------------------|---|
|                                      |   |  |                    |                              | From 01/01/2020<br>To 12/31/2020 |                               |   |
|                                      |   |  |                    | CAPITAL F                    | RELATED COSTS                    | 6/28/2021 3:1                 |   |
|                                      | Cost Center Description   | Directly<br>Assigned New<br>Capital<br>Related Costs | NEW BLDG &<br>FIXT | MOB                          | AMB DEPR                         | NEW MVBLE<br>EQUI P           |   |
|                                      | 1   | 0  | 1.00               | 1.01                         | 1.02                             | 2.00                          |   |
| 00                                   | GENERAL SERVICE COST CENTERS<br>00100 NEW CAP REL COSTS-BLDG & FIXT                   | 1  |                    |                              |                                  |                               | 1 1 0                                   |
| . 00<br>. 01<br>. 02<br>. 00<br>. 01 | 00101 MOB<br>00102 AMB DEPR<br>00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00201 AMB EQUIP |  |                    |                              |                                  |                               | 1.0<br>1.0<br>1.0<br>2.0<br>2.0         |
| . 00<br>. 01                         | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00590 ADMINISTRATIVE & GENERAL                  | 0  | 2, 554<br>256, 778 | 3, 70                        |                                  | 1, 725<br>173, 476            | 5.0                                     |
| . 02<br>. 03                         | 00570 ADMI TTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                          | 0  | 0                  |                              | 0 0                              | 0                             |   |
| . 00                                 | 00700 OPERATION OF PLANT  | 0  | 200, 305           |                              | 0 0                              | 135, 323                      |   |
| . 00                                 | 00800 LAUNDRY & LINEN SERVICE   | 0  | 11, 696            |                              | 0 0                              | 7, 901                        |   |
| . 00<br>0. 00                        | 00900 HOUSEKEEPI NG<br>01000 DI ETARY   | 0  | 25, 051<br>72, 893 |                              | 0 0                              | 16, 924<br>49, 245            |   |
| 1.00                                 | 01100 CAFETERI A  | 0  | 36, 414            |                              | 0 0                              | 24, 601                       |   |
| 3.00                                 | 01300 NURSING ADMINISTRATION  | 0  | 6, 129             |                              | 0 0                              | 4, 140                        |   |
| 4.00<br>6.00                         | 01400 CENTRAL SERVICES & SUPPLY<br>01600 MEDICAL RECORDS & LIBRARY                    | 0  | 0<br>40, 666       | 21 0                         | 0 0<br>56 0                      | 0                             |   |
| 6.00<br>7.00                         | 01700 SOCIAL SERVICE  | 0  | 40, 888            | 21, 9                        |                                  | 27, 474<br>1, 656             |   |
|                                      | INPATIENT ROUTINE SERVICE COST CENTERS  | -  | _,                 |                              | -1 -1                            | .,                            |   |
| 0.00                                 | 03000 ADULTS & PEDIATRICS   | 0  | 296, 257           |                              | 0 0                              |                               |   |
| 1.00<br>3.00                         | 03100 I NTENSI VE CARE UNI T<br>04300 NURSERY   | 0  | 36, 989<br>7, 661  |                              | 0 0<br>0 0                       | 24, 989<br>5, 176             |   |
| 5.00                                 | ANCI LLARY SERVICE COST CENTERS   | 0  | 7,001              |                              | 0 0                              | 5,170                         | <u> </u>                                |
| 0. 00                                | 05000 OPERATI NG ROOM   | 0  | 226, 275           |                              | 0 0                              | 152, 868                      |   |
| 2.00                                 | 05200 DELIVERY ROOM & LABOR ROOM  | 0  | 0                  |                              | 0 0                              | 0                             |   |
| 3.00<br>4.00                         | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C                                | 0  | 0<br>118, 551      |                              | 0 0<br>0 0                       | 0<br>80, 092                  |   |
| 0.00                                 | 06000 LABORATORY  | 0  | 62, 308            |                              | 0 0                              | 42, 094                       |   |
| 5.00                                 | 06500 RESPI RATORY THERAPY  | 0  | 13, 560            |                              | 0 0                              | 9, 161                        |   |
| 6.00<br>7.00                         | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY                                | 0  | 45, 876            |                              | 0 0                              | 30, 993                       |   |
| 8.00                                 | 06800 SPEECH PATHOLOGY  | 0  | 0                  |                              | 0 0                              | 0                             |   |
| 9.00                                 | 06900 ELECTROCARDI OLOGY  | 0  | 23, 289            |                              | 0 0                              | 15, 734                       |   |
| 1.00                                 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0  | 55, 618            |                              | 0 0                              | 37, 574                       |   |
| 2.00<br>3.00                         | 07200 I MPL. DEV. CHARGED TO PATIENT<br>07300 DRUGS CHARGED TO PATIENTS               | 0  | 0<br>15, 654       |                              | 0 0                              | 0<br>10, 575                  |   |
| 3.00                                 | OUTPATIENT SERVICE COST CENTERS   | 0  | 15, 054            |                              | 0 0                              | 10, 575                       | j 73. (                                 |
| 0. 00                                | 09000 CLI NI C  | 0  | 0                  |                              |                                  |                               |   |
|                                      | 09001 SENI OR CARE  | 0  | 0                  |                              |                                  |                               | 90.0                                    |
| 0.02                                 | 09002 GENERAL SURGERY<br>09003 HARRI SON CRAWFORD HEALTHCARE                          | 0  | 0                  | 43, 4 <sup>2</sup><br>60, 60 |                                  | 0                             |   |
| 0.03                                 | 09004 CORYDON MEDICAL ASSOCIATES  | 0  | 0                  | 60, 60                       |                                  | 0                             |   |
| 0. 05                                | 09005 ORTHOPEDIC SURGERY - DR KLINE   | 0  | 0                  | 92, 80                       |                                  | 0                             |   |
| 0.06                                 | 09006 OBGYN - DR SAUER  | 0  | 0                  | 30, 33                       |                                  | 0                             |   |
| 1.00<br>2.00                         | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)                         | 0  | 83, 746            | 30, 98                       | 35 0                             | 56, 577                       | 91.0                                    |
| 2.00                                 | OTHER REIMBURSABLE COST CENTERS   |  |                    |                              |                                  |                               | , |
| 5.00                                 | 09500 AMBULANCE SERVI CES   | 0  | 0                  |                              | 0 65, 303                        | 0                             | 95. C                                   |
| 12 00                                | SPECIAL PURPOSE COST CENTERS  |  | 1                  |                              |                                  |                               | 113. C                                  |
| 18.00                                | SUBTOTALS (SUM OF LINES 1 through 117)  | 0  | 1, 640, 721        | 398, 04                      | 41 65, 303                       | 1, 108, 447                   |   |
| 90 00                                | NONREIMBURSABLE COST CENTERS  | 0  | 10, 406            |                              | 0 0                              | 7 030                         | 190. 0                                  |
|                                      | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19200 PHYSICIANS' PRIVATE OFFICES        | 0  | 84, 473            |                              | 0 0                              | 57,069                        |   |
| 94.00                                | 07950 MARKETI NG  | 0  | 0                  |                              | 0 0                              | 0                             | 194. 0                                  |
|                                      | 07951 PHYSI CLAN BILLING  | 0  | 6, 384             |                              | 0 0                              |                               | 194.0                                   |
| 94.02<br>00.00                       | 07952 MOB   | 0  | 0                  | 260, 28                      | 39 0                             | 0                             | 194. C<br>200. C                        |
| 00. 00<br>01. 00                     |   |  | 0                  |                              | 0 0                              | n                             | 200. C                                  |
|                                      | TOTAL (sum lines 118 through 201)   | 0  | 1, 741, 984        | 658, 33                      | 65, 303                          |                               |   |

| ALLOC            | n Financial Systems<br>ATION OF CAPITAL RELATED COSTS                     | HARRI SON COUNT             | Provider C         |                      | Period:<br>From 01/01/2020     | u of Form CMS-<br>Worksheet B<br>Part II |        |
|------------------|---|-----------------------------|--------------------|----------------------|--------------------------------|--|--------|
|                  |   |                             |                    |                      | To 12/31/2020                  | Date/Time Pre<br>6/28/2021 3:1           |        |
|                  |   | CAPI TAL                    |                    |                      |                                |  |        |
|                  | Cost Center Description   | RELATED COSTS<br>AMB EQUI P | Subtotal           | EMPLOYEE<br>BENEFITS | ADMI NI STRATI VE<br>& GENERAL | ADMI TTI NG                              |        |
|                  |   | 2.01                        | 2A                 | DEPARTMENT<br>4.00   | 5. 01                          | 5. 02                                    |        |
|                  | GENERAL SERVICE COST CENTERS  | 2101                        | 2.11               |                      | 0101                           | 01.02                                    |        |
| 1.00             | 00100 NEW CAP REL COSTS-BLDG & FIXT                                       |                             |                    |                      |                                |  | 1.0    |
| 1.01             | 00101 MOB   |                             |                    |                      |                                |  | 1.0    |
| 1.02             | 00102 AMB DEPR  |                             |                    |                      |                                |  | 1.0    |
| 2.00             | 00200 NEW CAP REL COSTS-MVBLE EQUIP                                       |                             |                    |                      |                                |  | 2.0    |
| 2.01<br>4.00     | 00201 AMB EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT                     | 0                           | 4, 279             | 4, 27                | 0                              |  | 2.0    |
| 4.00<br>5.01     | 00590 ADMI NI STRATI VE & GENERAL   | 0                           | 4, 279<br>434, 019 |                      |                                |  | 5.0    |
| 5. 02            | 00570 ADMI TTI NG   | 0                           | 0                  |                      |                                | 5, 833                                   |        |
| 5.03             | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                   | 0                           | 0                  | 6                    |                                | 0  |        |
| 7.00             | 00700 OPERATION OF PLANT  | 0                           | 335, 628           | 40                   | 0 18, 311                      | 0  | 7.0    |
| 3.00             | 00800 LAUNDRY & LINEN SERVICE   | 0                           | 19, 597            |                      | 4 2, 498                       | 0  |        |
| 9.00             | 00900 HOUSEKEEPI NG   | 0                           | 41, 975            |                      |                                | 0  |        |
| 10.00            | 01000 DI ETARY  | 0                           | 122, 138           |                      |                                | 0  |        |
| 11.00            | 01100 CAFETERIA<br>01300 NURSI NG ADMI NI STRATI ON                       | 0                           | 61, 015<br>10, 269 |                      |                                | 0  |        |
| 13.00<br>14.00   | 01400 CENTRAL SERVICES & SUPPLY   | 0                           | 10, 269            |                      |                                | 0  |        |
| 14.00            | 01600 MEDI CAL RECORDS & LI BRARY   | 0                           | 90, 096            |                      |                                | 0  |        |
| 17.00            |   | 0                           | 4, 107             |                      |                                | 0  |        |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS                                    |                             | .,                 |                      | .,                             |  | 1      |
| 30. 00           | 03000 ADULTS & PEDIATRICS   | 0                           | 496, 406           | 640                  | 55, 969                        | 345                                      | 30. 0  |
| 31.00            |   | 0                           | 61, 978            |                      |                                | 44                                       |        |
| 43.00            |   | 0                           | 12, 837            | 2                    | 2 1, 401                       | 50                                       | 43.0   |
|                  | ANCI LLARY SERVI CE COST CENTERS  | 0                           | 270 142            | 15                   | 17 210                         | 502                                      |        |
| 50.00<br>52.00   |   | 0                           | 379, 143<br>0      |                      | 3 17, 312<br>0 0               | 502                                      |        |
| 52.00<br>53.00   | 05300 ANESTHESI OLOGY   | 0                           | 0                  |                      | 97                             | 99                                       |        |
| 54.00            |   | 0                           | 198, 643           |                      |                                | 1, 311                                   |        |
| 50.00            | 06000 LABORATORY  | 0                           | 104, 402           |                      |                                | 931                                      |        |
| 55.00            |   | 0                           | 22, 721            |                      | 0 4, 676                       | 102                                      |        |
| 56.00            | 06600 PHYSI CAL THERAPY   | 0                           | 76, 869            |                      |                                | 89                                       |        |
| 57.00            | 06700 OCCUPATI ONAL THERAPY   | 0                           | 0                  |                      | 8 555                          | 16                                       |        |
| 58.00            | 06800 SPEECH PATHOLOGY  | 0                           | 0                  |                      | 1 43                           | 4  |        |
| 59.00<br>71.00   |   | 0                           | 39, 023<br>93, 192 |                      | 8 5, 813<br>0 16, 595          | 322<br>185                               |        |
| 72.00            | 07200 I MPL. DEV. CHARGED TO PATIENT                                      | 0                           | <sup>75, 172</sup> |                      | 0, 575                         | 152                                      |        |
| 73.00            |   | 0                           | 26, 229            |                      |                                | 354                                      |        |
|                  | OUTPATIENT SERVICE COST CENTERS   | · · ·                       | · · · · · ·        |                      |                                |  |        |
| 90.00            |   | 0                           | 30, 985            |                      | 3 824                          | 7  |        |
| 0. 01            |   | 0                           | 22, 475            |                      |                                | 11                                       |        |
|                  | 09002 GENERAL SURGERY   | 0                           | 43, 414            |                      |                                | 4  |        |
| 90. 03<br>90. 04 |   | 0                           | 60, 664            |                      |                                | 24                                       |        |
| 0.04<br>0.05     | 09004 CORTION MEDICAL ASSOCIATES  | 0                           | 60, 664<br>92, 801 |                      |                                | 30<br>25                                 |        |
| 0.05             |   | 0                           | 30, 332            |                      |                                | 5  |        |
| 1.00             |   | 0                           | 171, 308           |                      |                                | 862                                      |        |
| 2.00             |   |                             | 0                  |                      |                                |  | 92.0   |
|                  | OTHER REIMBURSABLE COST CENTERS   |                             |                    |                      |                                |  |        |
| 95.00            |   | 166, 506                    | 231, 809           | 34                   | 8 31, 581                      | 359                                      | 95.0   |
|                  | SPECIAL PURPOSE COST CENTERS  |                             |                    | 1                    |                                |  |        |
|                  | 0 11300 INTEREST EXPENSE  | 1// 50/                     | 2 270 010          | 2.20                 | 1 04/ 010                      | F 000                                    | 113.0  |
| 18.0             | D SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS | 166, 506                    | 3, 379, 018        | 3, 38                | 1 346, 912                     | 5, 833                                   | 118. 0 |
| 190 0            | D19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                | 0                           | 17, 436            |                      | 0 154                          | 0  | 190. 0 |
|                  | 019200 PHYSI CLANS' PRI VATE OFFI CES                                     | 0                           | 141, 542           |                      |                                |  | 192.0  |
|                  | DO7950 MARKETI NG   | 0                           | 0                  |                      | 0                              |  | 194.0  |
|                  | 1 07951 PHYSI CI AN BILLI NG  | 0                           | 10, 697            | 6                    | 5 6, 035                       |  | 194.0  |
| 194.0            | 2 07952 MOB   | 0                           | 260, 289           |                      | 2, 299                         |  | 194. 0 |
| 200. 0           |   |                             | 0                  |                      |                                |  | 200. 0 |
| 201.0            |   | 0                           | 0                  |                      | 0 0                            |  | 201.0  |
| 202.0            | D TOTAL (sum lines 118 through 201)                                       | 166, 506                    | 3, 808, 982        | 4, 27                | 9 434, 264                     | 5,833                                    | 202.0  |

| From 01/01/2020 F<br>To 12/31/2020 F  | Worksheet B<br>Part II<br>Date/Time Prep<br>6/28/2021 3:11<br>DIETARY<br>10.00 |                  |
|---|--|------------------|
| OUNTS<br>RECEI VABLE         PLANT         LI NEN SERVI CE           GENERAL SERVI CE COST CENTERS         5.03         7.00         8.00         9.00           1.00         00100         NEW CAP REL COSTS-BLDG & FI XT               1.01         00101         MOB                  2.00         00200         NEW CAP REL COSTS-MVBLE EQUI P  |  | 1.00             |
| GENERAL         SERVI CE         COST         CENTERS           1.00         00100         NEW         CAP         REL         COSTS-BLDG         & FI XT           1.01         00101         MOB  | 10.00  | 1 00             |
| 1. 00       00100       NEW CAP REL COSTS-BLDG & FIXT         1. 01       00101       MOB         1. 02       00102       AMB DEPR         2. 00       00200       NEW CAP REL COSTS-MVBLE EQUI P         2. 01       00201       AMB EQUI P         4. 00       00400       EMPLOYEE BENEFI TS DEPARTMENT         5. 01       00570       ADMI TTI NG  |  | 1 00             |
| 1. 01       00101       MOB         1. 02       00102       AMB DEPR         2. 00       00200       NEW CAP REL COSTS-MVBLE EQUI P         2. 01       00201       AMB EQUI P         4. 00       00400       EMPLOYEE BENEFITS DEPARTMENT         5. 01       00590       ADMI TTI NG   |  |                  |
| 1. 02       00102       AMB DEPR         2. 00       00200       NEW CAP REL COSTS-MVBLE EQUI P         2. 01       00201       AMB EQUI P         4. 00       00400       EMPLOYEE BENEFITS DEPARTMENT         5. 01       00590       ADMI NI STRATI VE & GENERAL         5. 02       00570       ADMI TTI NG   |  | 1.00             |
| 2. 00         00200         NEW CAP REL COSTS-MVBLE EQUI P           2. 01         00201         AMB EQUI P           4. 00         00400         EMPLOYEE BENEFITS DEPARTMENT           5. 01         00590         ADMI NI STRATI VE & GENERAL           5. 02         00570         ADMI TTI NG  |  | 1.02             |
| 2. 01         00201         AMB_EQUIP           4. 00         00400         EMPLOYEE_BENEFITS_DEPARTMENT           5. 01         00590         ADMINISTRATIVE & GENERAL           5. 02         00570         ADMITTING   |  | 2.00             |
| 5. 01 00590 ADMI NI STRATI VE & GENERAL<br>5. 02 00570 ADMI TTI NG  |  | 2.01             |
| 5. 02 00570 ADMITTING   |  | 4.00             |
|   |  | 5.01             |
|   |  | 5.02             |
| 7. 00 00700 OPERATION OF PLANT 0 353, 979   |  | 5.03<br>7.00     |
| 8. 00 00800 LAUNDRY & LINEN SERVICE 0 3, 228 25, 327  |  | 8.00             |
| 9. 00 00900 HOUSEKEEPING 0 6, 915 0 57, 088   |  | 9.00             |
| 10. 00 01000 DI ETARY 0 20, 121 309 3, 341  | 150, 523   | 10.00            |
| 11. 00 01100 CAFETERIA 0 10, 052 0 1, 669   | 0  | 11.00            |
| 13. 00         01300         NURSI NG ADMI NI STRATI ON         0         1, 692         0         281  | 0  | 13.00            |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY 0 0 0 0  | 0  | 14.00            |
| 16. 00 01600 MEDI CAL RECORDS & LI BRARY 0 11, 226 0 1, 864   | 0  | 16.00            |
| 17. 00 01700 SOCIAL SERVICE 0 677 0 112<br>I NPATI ENT ROUTI NE SERVICE COST CENTERS  | 0  | 17.00            |
| 30. 00 03000 ADULTS & PEDI ATRI CS 605 81, 778 7, 946 13, 578   | 133, 133   | 30.00            |
| 31. 00 03100 I NTENSI VE CARE UNI T 77 10, 210 2, 801 1, 695  | 17, 390  | 31.00            |
| 43.00 04300 NURSERY 89 2,115 0 351  | 0  | 43.00            |
| ANCI LLARY SERVI CE COST CENTERS  |  |                  |
| 50. 00         05000         OPERATI NG         R00M         881         62, 461         1, 748         10, 371   | 0  | 50.00            |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0  | 0  | 52.00            |
| 53. 00 05300 ANESTHESI OLOGY 174 0 0 0  | 0  | 53.00            |
| 54. 00         05400         RADI OLOGY-DI AGNOSTI C         2, 269         32, 725         3, 207         5, 433           60. 00         06000         LABORATORY         1, 636         17, 200         0         2, 856   | 0  | 54.00<br>60.00   |
| 65. 00 06500 RESPIRATORY THERAPY 179 3, 743 0 621   | 0  | 65.00            |
| 66. 00 06600 PHYSI CAL THERAPY 156 12, 664 0 2, 103   | 0  | 66.00            |
| 67. 00 06700 OCCUPATI ONAL THERAPY 29 0 0 0   | 0  | 67.00            |
| 68.00 06800 SPEECH PATHOLOGY 7 0 0 0  | 0  | 68.00            |
| 69. 00         06900         ELECTROCARDI OLOGY         565         6, 429         377         1, 067   | 0  | 69.00            |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 325 15, 353 0 2, 549  | 0  | 71.00            |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENT 267 0 0 0  | 0  | 72.00            |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 622 4, 321 0 717<br>OUTPATIENT SERVICE COST CENTERS  | 0  | 73.00            |
| 90. 00 09000 CLINIC 13 0 57 0   | 0  | 90.00            |
| 90. 01 09001 SENI OR CARE 20 0 7 0  | 0  | 90.01            |
| 90. 02 09002 GENERAL SURGERY 7 0 28 0   | 0  | 90.02            |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE 43 0 0 0   | 0  | 90.03            |
| 90. 04 09004 CORYDON MEDI CAL ASSOCIATES 53 0 24 0  | 0  | 90.04            |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE 44 0 8 0   | 0  | 90.05            |
| 90. 06         09006         0BGYN - DR SAUER         10         0         54         0           91. 00         09100         EMERGENCY         1,515         23,117         6,731         3,838   | 0  | 90.06<br>91.00   |
| 91. 00 09100 EMERGENCY 1, 515 23, 117 6, 731 3, 838<br>92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)  | 0  | 91.00<br>92.00   |
| OTHER REIMBURSABLE COST CENTERS   |  | 72.00            |
| 95.00 09500 AMBULANCE SERVICES 630 0 1, 226 0   | 0  | 95.00            |
| SPECIAL PURPOSE COST CENTERS  |  |                  |
| 113.00 11300 INTEREST EXPENSE   |  | 113.00           |
| SUBTOTALS         SUB OF         LI NES         1         through         117         10, 216         326, 027         24, 523         52, 446  | 150, 523   | 118.00           |
| NONREI MBURSABLE COST CENTERS   |  | 100.00           |
| 190. 00         19000         GIFT,         FLOWER,         COFFEE         SHOP & CANTEEN         0         2,872         0         477           192. 00         19200         PHYSI CI ANS'         PRI VATE         OFFI CES         0         23,318         804         3,872  |  | 190.00<br>192.00 |
| 192. 00         19200         PHYSI CLANS'         PRI VATE         OFFICES         0         23, 318         804         3, 872           194. 00         07950         MARKETI NG         0                             |  | 192.00           |
| 194. 01 07951 PHYSI CI AN BI LLI NG 0 1, 762 0 293  |  | 194.00           |
| 194. 02 07952 MOB 0 0 0 0   |  | 194.02           |
| 200.00 Cross Foot Adjustments   |  | 200. 00          |
| 201.00         Negative Cost Centers         0 </td <td></td> <td>201.00</td> |  | 201.00           |
| 202.00         TOTAL (sum lines 118 through 201)         10, 216         353, 979         25, 327         57, 088   | 150, 523   | 202.00           |

| Health Fir                          | nancial Systems   | HARRI SON COUN        | TY HOSPITAL                   |                                  | In Lie  | u of Form CMS-2                    | 2552-10            |
|-------------------------------------|---|-----------------------|-------------------------------|----------------------------------|---|------------------------------------|--------------------|
| ALLOCATION OF CAPITAL RELATED COSTS |   | Provider CCN: 15-1331 |                               | 1                                | Period:Worksheet BFrom 01/01/2020Part IITo12/31/2020Date/Time Prepared: |                                    | pared:             |
|                                     | Cost Center Description   | CAFETERI A            | NURSI NG<br>ADMI NI STRATI ON | CENTRAL<br>SERVI CES &<br>SUPPLY | MEDI CAL<br>RECORDS &<br>LI BRARY                                       | 6/28/2021 3: 1<br>SOCI AL SERVI CE | 1 pm               |
|                                     |   | 11.00                 | 13.00                         | 14.00                            | 16.00   | 17.00                              |                    |
|                                     | IERAL SERVICE COST CENTERS  |                       |                               |                                  |   |                                    |                    |
|                                     | 100 NEW CAP REL COSTS-BLDG & FIXT<br>101 MOB                                  |                       |                               |                                  |   |                                    | 1.00<br>1.01       |
|                                     | 102 AMB DEPR  |                       |                               |                                  |   |                                    | 1.01               |
|                                     | 200 NEW CAP REL COSTS-MVBLE EQUIP   |                       |                               |                                  |   |                                    | 2.00               |
|                                     | 201 AMB EQUIP   |                       |                               |                                  |   |                                    | 2.01               |
| 4.00 004                            | 400 EMPLOYEE BENEFITS DEPARTMENT  |                       |                               |                                  |   |                                    | 4.00               |
|                                     | 590 ADMINISTRATIVE & GENERAL  |                       |                               |                                  |   |                                    | 5.01               |
|                                     | 570 ADMITTING   |                       |                               |                                  |   |                                    | 5.02               |
|                                     | 580 CASHI ERING/ACCOUNTS RECEIVABLE<br>700 OPERATION OF PLANT                 |                       |                               |                                  |   |                                    | 5.03<br>7.00       |
|                                     | 300 LAUNDRY & LINEN SERVICE   |                       |                               |                                  |   |                                    | 8.00               |
|                                     | POO HOUSEKEEPI NG   |                       |                               |                                  |   |                                    | 9.00               |
|                                     | DOO DI ETARY  |                       |                               |                                  |   |                                    | 10.00              |
| 11.00 011                           | 100 CAFETERI A  | 76, 681               |                               |                                  |   |                                    | 11.00              |
|                                     | BOO NURSI NG ADMI NI STRATI ON  | 2, 242                | 22, 531                       |                                  |   |                                    | 13.00              |
|                                     | 400 CENTRAL SERVICES & SUPPLY   | 1,640                 | 0                             | 9, 130                           |   |                                    | 14.00              |
|                                     | 500 MEDICAL RECORDS & LIBRARY   | 3, 709<br>1, 220      | 0                             | 3                                | 1 115, 986<br>2 0   |                                    | 16.00              |
|                                     | 700 SOCIAL SERVICE<br>PATIENT ROUTINE SERVICE COST CENTERS                    | 1,220                 | 0                             | 4                                | 2 0   | 10, 510                            | 17.00              |
|                                     | DOO ADULTS & PEDIATRICS   | 20, 655               | 11, 793                       | 41                               | 6, 826  | 7, 816                             | 30.00              |
|                                     | 100 INTENSIVE CARE UNIT   | 1, 887                | 1, 077                        | 4                                |   | 1, 021                             | 31.00              |
|                                     | 300 NURSERY   | 752                   | 429                           | (                                | 1,000   | 1, 673                             | 43.00              |
|                                     | CILLARY SERVICE COST CENTERS  |                       |                               |                                  |   | -                                  |                    |
|                                     | DOO OPERATING ROOM  | 5, 898                | 3, 367                        | 620                              |   | 0                                  | 50.00              |
|                                     | 200 DELIVERY ROOM & LABOR ROOM<br>300 ANESTHESIOLOGY                          | 0                     | 0                             | 40                               |   |                                    | 52.00<br>53.00     |
|                                     | 400 RADI OLOGY-DI AGNOSTI C   | 5, 673                |                               | 270                              |   | 0                                  | 54.00              |
|                                     | DOO LABORATORY  | 3, 909                | 0                             | 1, 574                           |   |                                    | 60.00              |
| 65.00 065                           | 500 RESPI RATORY THERAPY  | 0                     | 0                             | 40                               | 5 2, 015  | 0                                  | 65.00              |
|                                     | 500 PHYSI CAL THERAPY   | 1, 137                | 0                             |                                  | 6 1, 764  | 0                                  | 66.00              |
|                                     | 700 OCCUPATIONAL THERAPY  | 187                   | 0                             |                                  | 321   | 0                                  | 67.00              |
| 1                                   | 300 SPEECH PATHOLOGY<br>200 ELECTROCARDI OLOGY                                | 15                    | 0                             | 62                               | 2 79<br>2 6, 370  | 0                                  | 68.00<br>69.00     |
|                                     | 100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                      | 1, 864<br>0           | 1, 064<br>0                   | 2, 78                            |   |                                    | 71.00              |
|                                     | 200 IMPL. DEV. CHARGED TO PATIENT   | 0                     | 0                             | 1, 974                           |   | 0                                  | 72.00              |
| 73.00 073                           | BOO DRUGS CHARGED TO PATIENTS   | 830                   | 0                             | 22                               |   | 0                                  | 73.00              |
| OUTPATIENT SERVICE COST CENTERS     |   |                       |                               |                                  |   |                                    |                    |
|                                     |   | 90                    | 51                            | 20                               |   | 0                                  | 90.00              |
|                                     | 001 SENI OR CARE<br>002 GENERAL SURGERY                                       | 372<br>1, 417         | 213<br>0                      |                                  | 1 226<br>9 80   | 0                                  | 90. 01<br>90. 02   |
|                                     | 003 HARRI SON CRAWFORD HEALTHCARE   | 2, 342                | 0                             | 6                                |   |                                    | 90.02              |
|                                     | 004 CORYDON MEDICAL ASSOCIATES  | 1,847                 |                               | 6!                               |   |                                    | 90.04              |
| 90.05 090                           | DO5 ORTHOPEDIC SURGERY - DR KLINE   | 2, 499                |                               | 590                              |   |                                    | 90.05              |
|                                     | DO6 OBGYN - DR SAUER  | 760                   |                               | 43                               |   |                                    | 90.06              |
|                                     | 100 EMERGENCY   | 7, 948                | 4, 537                        | 170                              | 5 17,080  | 0                                  | 91.00              |
|                                     | 200 OBSERVATI ON BEDS (NON-DI STI NCT PART)<br>HER REI MBURSABLE COST CENTERS |                       |                               |                                  |   |                                    | 92.00              |
|                                     | 500 AMBULANCE SERVICES  | 0                     | 0                             | 269                              | 7, 106  | 0                                  | 95.00              |
|                                     | CIAL PURPOSE COST CENTERS   | 0                     | 0                             | 20                               | / /,100   |                                    | 75.00              |
|                                     | BOO INTEREST EXPENSE  |                       |                               |                                  |   |                                    | 113.00             |
| 118.00                              | SUBTOTALS (SUM OF LINES 1 through 117)  | 68, 893               | 22, 531                       | 9, 130                           | 5 115, 986  | 10, 510                            | 118.00             |
|                                     | IREI MBURSABLE COST CENTERS   | -                     | -                             |                                  | -1 -  | -                                  |                    |
|                                     | DOO GIFT, FLOWER, COFFEE SHOP & CANTEEN                                       | 0                     | 0                             | (                                |   |                                    | 190.00             |
|                                     | 200 PHYSICIANS' PRIVATE OFFICES<br>950 MARKETING                              | 4, 971                | 0                             |                                  |   |                                    | 192. 00<br>194. 00 |
|                                     | P51 PHYSICIAN BILLING   | 2, 817                | 0                             |                                  |   |                                    | 194.00<br>194.01   |
| 194.02 079                          |   | 2,317                 | 0                             |                                  | 0 0   |                                    | 194.02             |
| 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)   | 76, 681               | 22, 531                       | 9, 130                           | 5 115, 986  | 10, 510                            | 202.00             |
|                                     |   |                       |                               |                                  |   |                                    |                    |

|                  | Financial Systems<br>TION OF CAPITAL RELATED COSTS                                | HARRISON COUN                         |   | N. 15 1001       |   | u of Form CMS-   | 2002-1 |
|------------------|---|---------------------------------------|---|------------------|---|--|--------|
| ALLUCA           | TION OF CAPITAL RELATED COSTS   |                                       | Provider CC   | N: 15-1331       | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet B<br>Part II<br>Date/Time Pre<br>6/28/2021 3:1 |        |
|                  | Cost Center Description   | Subtotal                              | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total            |   |  |        |
|                  |   | 24.00                                 | 25.00   | 26.00            |   |  |        |
|                  | GENERAL SERVICE COST CENTERS  |                                       | I   |                  |   |  |        |
| 1.00             | 00100 NEW CAP REL COSTS-BLDG & FIXT   |                                       |   |                  |   |  | 1.00   |
| 1. 01<br>1. 02   | 00101 MOB<br>00102 AMB DEPR   |                                       |   |                  |   |  | 1.0    |
| 2.00             | 00200 NEW CAP REL COSTS-MVBLE EQUIP   |                                       |   |                  |   |  | 2.00   |
| 2.01             | 00201 AMB EQUIP   |                                       |   |                  |   |  | 2.0    |
| 1.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT  |                                       |   |                  |   |  | 4.0    |
| 5. 01            | 00590 ADMI NI STRATI VE & GENERAL   |                                       |   |                  |   |  | 5.0    |
| 5. 02            | 00570 ADMI TTI NG   |                                       |   |                  |   |  | 5.0    |
| 5.03             | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   |                                       |   |                  |   |  | 5.0    |
| 7.00             | 00700 OPERATION OF PLANT  |                                       |   |                  |   |  | 7.00   |
| 3.00<br>9.00     | 00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING                               |                                       |   |                  |   |  | 8.0    |
| 0.00             | 01000 DI ETARY  |                                       |   |                  |   |  | 10.0   |
| 11.00            | 01100 CAFETERIA   |                                       |   |                  |   |  | 11.0   |
| 13.00            | 01300 NURSING ADMINISTRATION  |                                       |   |                  |   |  | 13.0   |
| 4.00             | 01400 CENTRAL SERVI CES & SUPPLY  |                                       |   |                  |   |  | 14.0   |
| 16.00            | 01600 MEDI CAL RECORDS & LI BRARY   |                                       |   |                  |   |  | 16.0   |
| 17.00            | 01700 SOCIAL SERVICE  |                                       |   |                  |   |  | 17.0   |
| 30. 00           | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS         | 837, 901                              | 0   | 837, 9           | 001   |  | 30.0   |
| 31.00            | 03100 I NTENSI VE CARE UNI T  | 103, 876                              | 0   | 103, 8           |   |  | 31.0   |
| 43.00            | 04300 NURSERY   | 20, 719                               | 0   | 20, 7            |   |  | 43.00  |
|                  | ANCILLARY SERVICE COST CENTERS  | · · · · · · · · · · · · · · · · · · · |   | ·                |   |  |        |
| 50.00            | 05000 OPERATI NG ROOM   | 492, 395                              | 0   | 492, 3           |   |  | 50.00  |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM  | 0                                     | 0   | 0.0              | 0   |  | 52.0   |
| 53.00<br>54.00   | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C                            | 2,378                                 | 0   | 2, 3             |   |  | 53.0   |
| 50.00            | 06000 LABORATORY  | 295, 185<br>172, 652                  | 0   | 295, 1<br>172, 6 |   |  | 60.0   |
| 55.00            | 06500 RESPI RATORY THERAPY  | 34, 103                               | 0   | 34, 1            |   |  | 65.0   |
| 56.00            | 06600 PHYSI CAL THERAPY   | 98, 857                               | 0   | 98, 8            |   |  | 66.0   |
| 57.00            | 06700 OCCUPATI ONAL THERAPY   | 1, 116                                | 0   | 1, 1             | 16  |  | 67.0   |
| 58.00            | 06800 SPEECH PATHOLOGY  | 149                                   | 0   |                  | 49  |  | 68.0   |
| 59.00            | 06900 ELECTROCARDI OLOGY  | 63, 024                               | 0   | 63, C            |   |  | 69.0   |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENT | 134, 649<br>16, 917                   | 0   | 134, 6<br>16, 9  |   |  | 71.0   |
| 73.00            | 07200 TMPL. DEV. CHARGED TO PATTENT   | 65, 802                               |   | 65, 8            |   |  | 73.0   |
| 0.00             | OUTPATIENT SERVICE COST CENTERS   | 00,002                                |   | 00,0             |   |  | /0.0   |
| 90.00            | 09000 CLI NI C  | 32, 195                               | 0   | 32, 1            | 95  |  | 90.0   |
| 90. 01           | 09001 SENI OR CARE  | 25, 807                               | 0   | 25, 8            |   |  | 90.0   |
|                  | 09002 GENERAL SURGERY   | 48, 134                               |   | 48, 1            |   |  | 90.0   |
| 90.03            | 09003 HARRI SON CRAWFORD HEALTHCARE   | 68, 269                               | 0   | 68, 2            |   |  | 90.0   |
| 90.04<br>90.05   | 09004 CORYDON MEDICAL ASSOCIATES<br>09005 ORTHOPEDIC SURGERY - DR KLINE           | 66, 658<br>100, 798                   | 0   | 66, 6<br>100, 7  |   |  | 90.0   |
| 90.05<br>90.06   | 09005 ORTHOPEDIC SURGERY - DR KLINE<br>09006 OBGYN - DR SAUER                     | 33, 062                               | 0   | 100, 7<br>33, C  |   |  | 90.0   |
| 90.00            | 09100 EMERGENCY   | 261, 608                              | 0   | 261, 6           |   |  | 91.0   |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART)  |                                       | 0   |                  |   |  | 92.00  |
|                  | OTHER REIMBURSABLE COST CENTERS   |                                       |   |                  |   |  |        |
| 95.00            | 09500 AMBULANCE SERVICES  | 273, 328                              | 0   | 273, 3           | 28  |  | 95.00  |
| 112 04           | SPECIAL PURPOSE COST CENTERS  |                                       | I   |                  |   |  | 112 0  |
| 113.00<br>118.00 | 11300 INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)                  | 3, 249, 582                           | 0   | 3, 249, 5        | 82  |  | 113.00 |
| 110.00           | NONREI MBURSABLE COST CENTERS   | 5, 247, 302                           | 0   | 5, 247, 0        |   |  | 1 10.0 |
| 90.00            | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 20, 939                               | 0   | 20, 9            | 39  |  | 190. 0 |
|                  | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 254, 204                              | 0   | 254, 2           |   |  | 192. 0 |
|                  | 07950 MARKETI NG  | 0                                     | 0   |                  | 0   |  | 194.0  |
|                  | 07951 PHYSICIAN BILLING   | 21,669                                | 0   | 21, 6            |   |  | 194.0  |
|                  | 07952 MOB   | 262, 588                              | 0   | 262, 5           |   |  | 194.0  |
|                  | Cross Foot Adjustments  | 0                                     | 0   |                  | 0   |  | 200.00 |
| 200.00<br>201.00 |   | 0                                     | 0   |                  | 0   |  | 201.00 |

| Health Financial Systems<br>COST ALLOCATION - STATISTICAL BASIS   | HARRISON COUNT                          | Y HOSPITAL<br>Provider CCI           |                              | eriod:                                  | u of Form CMS-<br>Worksheet B-1 |                                      |
|---|---|--------------------------------------|------------------------------|---|---------------------------------|--------------------------------------|
|   |   |                                      | Fr<br>To                     | rom 01/01/2020<br>0 12/31/2020          | Date/Time Pre                   |                                      |
|   |   | CAPI                                 | TAL RELATED CC               | ISTS                                    | 6/28/2021 3:1                   |                                      |
| Cost Center Description   | NEW BLDG &<br>FI XT<br>(SQUARE<br>FEET) | MOB<br>(SQUARE<br>FEET)              | AMB DEPR<br>(SQUARE<br>FEET) | NEW MVBLE<br>EQUI P<br>(SQUARE<br>FEET) | AMB EQUI P<br>(SQUARE<br>FEET)  |                                      |
| GENERAL SERVICE COST CENTERS  | 1.00                                    | 1.01                                 | 1.02                         | 2.00                                    | 2.01                            |                                      |
| 1.00         00100         NEW CAP REL COSTS-BLDG & FIXT           1.01         00101         MOB           1.02         00102         AMB DEPR           2.00         00200         NEW CAP REL COSTS-MVBLE EQUIP           2.01         00201         AMB EQUIP   | 136, 433<br>0<br>0                      | 34, 271<br>0                         | 11, 032                      | 136, 433<br>0                           | 11, 032                         |                                      |
| <ul> <li>4. 00</li> <li>4. 00</li> <li>5. 01</li> <li>60590</li> <li>ADMI NI STRATI VE &amp; GENERAL</li> <li>5. 02</li> <li>60570</li> <li>ADMI TTI NG</li> <li>5. 03</li> <li>60580</li> <li>CASHI ERI NG/ACCOUNTS RECEI VABLE</li> </ul>   | 200<br>20, 111<br>0<br>0                | 0<br>196<br>0<br>0                   | 0<br>0<br>0<br>0             | 200<br>20, 111<br>0<br>0                | 0<br>0<br>0<br>0                | 5.0 <sup>4</sup><br>5.02             |
| 7.00         00700         OPERATI ON OF PLANT           8.00         00800         LAUNDRY & LI NEN SERVICE           9.00         00900         HOUSEKEEPING  | 15, 688<br>916<br>1, 962                | 0<br>0<br>0                          | 0<br>0<br>0                  | 15, 688<br>916<br>1, 962                | 0<br>0<br>0                     | 7.00<br>8.00                         |
| 10. 00 01000 DI ETARY<br>11. 00 01100 CAFETERI A<br>13. 00 01300 NURSI NG ADMI NI STRATI ON<br>14. 00 01400 CENTRAL SERVI CES & SUPPLY  | 5, 709<br>2, 852<br>480<br>0            | 0<br>0<br>0                          | 0<br>0<br>0<br>0             | 5, 709<br>2, 852<br>480<br>0            | 0<br>0<br>0<br>0                | 11. 00<br>13. 00                     |
| 16.00         01600         MEDI CAL         RECORDS         & LI BRARY           17.00         50CI AL         SERVI CE         INPATI ENT         ROUTI NE         SERVI CE         SOUTI AL         SERVI CE         SERVI CE         SOUTI AL         SERVI CE         SOUTI AL         SERVI CE         SERVI CE< | 3, 185<br>192<br>23, 203                | 1, 143<br>0                          | 0                            | 3, 185<br>192<br>23, 203                | 0                               | 16.00<br>17.00                       |
| 43. 00 04300 NURSERY<br>ANCI LLARY SERVICE COST CENTERS   | 23, 203<br>2, 897<br>600                | 0<br>0<br>0                          | 0                            | 23, 203<br>2, 897<br>600                | 0                               | 31.00                                |
| 50. 00 05000 0PERATI NG ROOM<br>52. 00 05200 DELI VERY ROOM & LABOR ROOM<br>53. 00 05300 ANESTHESI OLOGY<br>54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 17, 722<br>0<br>0<br>9, 285             | 0<br>0<br>0                          | 0<br>0<br>0                  | 17, 722<br>0<br>0                       | 0<br>0<br>0<br>0                | 52.00<br>53.00                       |
| 50. 00 06000 LABORATORY<br>55. 00 06500 RESPI RATORY THERAPY<br>56. 00 06600 PHYSI CAL THERAPY  | 4, 880<br>1, 062<br>3, 593              | 0<br>0<br>0                          | 0<br>0<br>0                  | 9, 285<br>4, 880<br>1, 062<br>3, 593    | 0<br>0<br>0                     | 60.00<br>65.00<br>66.00              |
| 57.00     06700     OCCUPATIONAL THERAPY       58.00     06800     SPEECH PATHOLOGY       59.00     06900     ELECTROCARDIOLOGY       71.00     07100     MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0<br>0<br>1, 824<br>4, 356              | 0<br>0<br>0                          | 0<br>0<br>0<br>0             | 0<br>0<br>1, 824<br>4, 356              | 0<br>0<br>0<br>0                | 68. 0<br>69. 0                       |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT<br>73.00 DRUGS CHARGED TO PATIENTS<br>OUTPATIENT SERVICE COST CENTERS   | 0<br>1, 226                             | 0<br>0<br>1, 613                     | 0                            | 0<br>1, 226                             | 0                               | 73.0                                 |
| 20.01     09001     SENI OR CARE       20.02     09002     GENERAL SURGERY       20.03     09003     HARRI SON CRAWFORD HEALTHCARE  | 0<br>0<br>0                             | 1, 170<br>2, 260<br>3, 158           | 0<br>0<br>0<br>0             | 0<br>0<br>0<br>0                        | 0<br>0<br>0<br>0                | 90.0<br>90.0<br>90.0                 |
| 20.04         O9004         CORYDON         MEDICAL         ASSOCIATES           20.05         09005         ORTHOPEDIC         SURGERY         - DR         KLINE           20.06         09006         OBGYN         - DR         SAUER         -   | 0<br>0<br>0<br>6, 559                   | 3, 158<br>4, 831<br>1, 579<br>1, 613 | 0<br>0<br>0<br>0             | 0<br>0<br>0<br>6, 559                   | 0<br>0<br>0<br>0                | 90.0<br>90.0<br>91.0                 |
| 09200       OBSERVATION BEDS (NON-DISTINCT PART)         OTHER REIMBURSABLE COST CENTERS         055.00       O9500         AMBULANCE SERVICES         SPECIAL PURPOSE COST CENTERS   | 0                                       | 0                                    | 11, 032                      | 0                                       | 11, 032                         | 92.00<br>95.00                       |
| 13.00<br>11300 INTEREST EXPENSE<br>300 SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS  | 128, 502                                | 20, 721                              | 11, 032                      | 128, 502                                | 11, 032                         |                                      |
| 90. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>92. 00 19200 PHYSI CLANS' PRI VATE OFFI CES<br>94. 00 07950 MARKETI NG<br>94. 01 07951 PHYSI CLAN BILLI NG  | 815<br>6, 616<br>0<br>500               | 0<br>0<br>0<br>0                     | 0<br>0<br>0<br>0             | 815<br>6, 616<br>0<br>500               | 0                               | 190. 0<br>192. 0<br>194. 0<br>194. 0 |
| 94.02 07952 MOB<br>200.00 Cross Foot Adjustments<br>201.00 Negative Cost Centers<br>22.00 Cost to be all costed (por West P   | 1 741 094                               | 13, 550                              | 45 202                       | 1 174 950                               |                                 | 194. 0<br>200. 0<br>201. 0           |
| 02.00Cost to be allocated (per Wkst. B,<br>Part I)03.00Unit cost multiplier (Wkst. B, Part I)04.00Cost to be allocated (per Wkst. B,  | 1, 741, 984<br>12. 768055               | 658, 330<br>19. 209536               | 65, 303<br>5. 919416         | 1, 176, 859<br>8. 625912                | 166, 506<br>15. 093002          |                                      |
| Part II)<br>Unit cost multiplier (Wkst. B, Part<br>II)<br>NAVE adjustment amount to be allocated  |   |                                      |                              |   |                                 | 205.0                                |
| 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)   |   |                                      |                              |   |                                 | 206. 0                               |

| Health Financial Systems  | HARRI SON COUN                         | TY HOSPITAL             |                              | In Lie                                 | u of Form CMS-                 | 2552-10 |
|---|--|-------------------------|------------------------------|--|--------------------------------|---------|
| COST ALLOCATION - STATISTICAL BASIS                             |  | Provider CO             |                              | Period:<br>From 01/01/2020             | Worksheet B-1                  |         |
|   |  |                         |                              | To 12/31/2020                          | Date/Time Pre<br>6/28/2021 3:1 |         |
|   |  | CAP                     | ITAL RELATED                 | COSTS                                  |                                |         |
| Cost Center Description   | NEW BLDG &<br>FIXT<br>(SQUARE<br>FEET) | MOB<br>(SQUARE<br>FEET) | AMB DEPR<br>(SQUARE<br>FEET) | NEW MVBLE<br>EQUIP<br>(SQUARE<br>FEET) | AMB EQUIP<br>(SQUARE<br>FEET)  |         |
|   | 1.00                                   | 1.01                    | 1.02                         | 2.00                                   | 2.01                           |         |
| 207.00 NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |  |                         |                              |  |                                | 207.00  |

|   | Financial Systems<br>LLOCATION – STATISTICAL BASIS   | HARRI SON COUN   | Provider CC  |   | eriod:<br>fom 01/01/2020   | u of Form CMS-<br>Worksheet B-1   |   |
|---|--|--|--|---|--|---|---|
|   |  |  |  | Tc  |  | Date/Time Pre<br>6/28/2021 3:1  |   |
|   | Cost Center Description  | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT<br>(GROSS<br>SALARI ES)  | Reconciliation   | ADMI NI STRATI VE<br>& GENERAL<br>(ACCUM COST)  | ADMI TTI NG<br>(GROSS<br>CHARGES)  | CASHI ERI NG/ACC<br>OUNTS<br>RECEI VABLE<br>(GROSS<br>CHARGES)  |   |
|   |  | 4.00   | 5A. 01   | 5.01  | 5.02   | 5.03  |   |
| 1.00<br>1.01<br>1.02<br>2.00<br>2.01<br>4.00<br>5.01<br>5.02<br>5.03<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00<br>16.00 | GENERAL SERVICE COST CENTERS<br>00100 NEW CAP REL COSTS-BLDG & FIXT<br>00101 MOB<br>00102 AMB DEPR<br>00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00201 AMB EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00590 ADMINISTRATIVE & GENERAL<br>00570 ADMINISTRATIVE & GENERAL<br>00580 CASHIERING/ACCOUNTS RECEIVABLE<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01400 CENTRAL SERVICES & SUPPLY<br>01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE | 27, 368, 968<br>1, 567, 314<br>477, 069<br>416, 065<br>259, 501<br>22, 912<br>523, 965<br>193, 586<br>246, 383<br>665, 564<br>218, 166<br>608, 410<br>383, 794 | -5, 677, 484<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 49, 172, 800<br>652, 145<br>1, 149, 492<br>2, 073, 456<br>282, 842<br>919, 079<br>519, 082<br>442, 367<br>899, 493<br>844, 950<br>1, 015, 194<br>490, 530 | 158, 198, 365<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 158, 198, 365<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 7.0<br>8.0<br>9.0<br>10.0<br>11.0<br>13.0<br>14.0<br>16.0 |
| 30. 00  | INPATIENT ROUTINE SERVICE COST CENTERS   | 4, 100, 061  | 0  | 6, 337, 782   | 9, 312, 252  | 9, 312, 252   | 30. 0   |
| 31.00   | 03100 I NTENSI VE CARE UNI T<br>04300 NURSERY  | 4, 100, 081<br>346, 060<br>140, 592  | 0  | 5357,782<br>535,609<br>158,618  | 9, 312, 232<br>1, 182, 714<br>1, 364, 816  | 9, 312, 232<br>1, 182, 714<br>1, 364, 816   | 31.0  |
| 50.00   | ANCI LLARY SERVI CE COST CENTERS<br>05000 OPERATI NG ROOM  | 977, 744   | 0  | 1, 960, 334   | 13, 558, 713   | 13, 558, 713  | 50.0  |
| 52. 00<br>53. 00<br>54. 00  | 05200 DELI VERY ROOM & LABOR ROOM<br>05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C  | 0<br>0<br>997, 885   | 0<br>0<br>0  | 0<br>10, 961<br>2, 164, 992   | 0<br>2, 684, 412<br>35, 950, 012   | 0<br>2, 684, 412<br>35, 950, 012  | 52.0<br>53.0<br>54.0                                      |
|   | 06000 LABORATORY<br>06500 RESPI RATORY THERAPY   | 795, 365<br>0  | 0  | 2, 442, 991<br>529, 525   | 25, 164, 800<br>2, 748, 572  | 25, 164, 800<br>2, 748, 572   |   |
|   | 06600 PHYSI CAL THERAPY  | 302, 712   | 0  | 455, 416  | 2, 406, 276  | 2, 406, 276   |   |
|   | 06700 OCCUPATI ONAL THERAPY  | 50, 083  | 0  | 62, 823   | 438, 581   | 438, 581  |   |
|   | 06800 SPEECH PATHOLOGY   | 3, 924   | 0  | 4,907   | 108, 419   | 108, 419  |   |
|   | 06900 ELECTROCARDI OLOGY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS  | 435, 749<br>0  | 0  | 658, 249<br>1, 879, 158   | 8, 690, 399<br>4, 997, 241   | 8, 690, 399<br>4, 997, 241  |   |
|   | 07200 I MPL. DEV. CHARGED TO PATIENT   | 0  | 0  | 1, 303, 624   | 4, 108, 490  | 4, 108, 490   |   |
|   | 07300 DRUGS CHARGED TO PATIENTS<br>OUTPATIENT SERVICE COST CENTERS   | 352, 052   | 0  | 2, 903, 185   | 9, 569, 440  | 9, 569, 440   | 73.0  |
|   | 09000 CLINIC   | 19, 172  | 0  | 93, 314   | 198, 392   | 198, 392  | 90.0  |
|   | 09001 SENI OR CARE   | 98, 506  | 0  | 279, 351  | 308, 800   | 308, 800  |   |
|   | 09002 GENERAL SURGERY  | 869, 597   | 0  | ,   | 109, 147   | 109, 147  |   |
|   | 09003 HARRI SON CRAWFORD HEALTHCARE<br>09004 CORYDON MEDI CAL ASSOCI ATES  | 571, 076<br>514, 222   | 0  | 516, 076<br>373, 191  | 658, 544<br>817, 017   | 658, 544<br>817, 017  |   |
|   | 09005 ORTHOPEDIC SURGERY - DR KLINE  | 1, 208, 786  | 0  | 468, 806  | 677, 115   | 677, 115  |   |
|   | 09006 OBGYN - DR SAUER   | 495, 052   | 0  | 189, 445  | 147, 793   | 147, 793  |   |
|   | 09100 EMERGENCY  | 1, 572, 147  | 0  | 2, 746, 112   | 23, 301, 979   | 23, 301, 979  |   |
|   | 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)<br>OTHER REIMBURSABLE COST CENTERS  |  |  |   |  |   | 92.0  |
|   | 09500 AMBULANCE SERVICES   | 2, 231, 316  | 0  | 3, 576, 132   | 9, 694, 441  | 9, 694, 441   | 95. C   |
| 113 00  | SPECIAL PURPOSE COST CENTERS<br>11300 INTEREST EXPENSE   |  |  |   |  |   | 113. C  |
| 118.00  | SUBTOTALS (SUM OF LINES 1 through 117)   | 21, 664, 830   | -5, 677, 484   | 39, 283, 332  | 158, 198, 365  | 158, 198, 365   |   |
|   | NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0  | 0  | 17, 436   | 0  | 0   | 190. (  |
|   | 19200 PHYSICIANS' PRIVATE OFFICES  | 5, 287, 340  | 0  | 8, 928, 318   | 0  |   | 190.  |
| 94.00   | 07950 MARKETI NG   | 0  | 0  | 0   | 0  | 0   | 194. (  |
|   | 07951 PHYSICIAN BILLING  | 416, 798   | 0  | 683, 425  | 0  |   | 194.  |
| 94.02<br>00.00  | 07952 MOB<br>Cross Foot Adjustments  | 0  | 0  | 260, 289  | 0  | 0   | 194.<br>200.  |
| 00.00<br>01.00<br>02.00   | Negative Cost Centers<br>Cost to be allocated (per Wkst. B,  | 984, 055   |  | 5, 677, 484   | 727, 442   | 1, 282, 212   | 201.  |
| 03.00<br>04.00  | Part I)<br>Unit cost multiplier (Wkst. B, Part I)<br>Cost to be allocated (per Wkst. B,  | 0. 035955<br>4, 279  |  | 0. 115460<br>434, 264   | 0. 004598<br>5, 833  | 0. 008105<br>10, 216  |   |
| 205.00  | Part II)<br>Unit cost multiplier (Wkst. B, Part  | 0. 000156  |  | 0. 008831   | 0. 000037  | 0. 000065   | 205.  |
| 206.00  | <pre>II) NAHE adjustment amount to be allocated (per Wkst. B-2)</pre>  |  |  |   |  |   | 206.  |
| 207.00  | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV)   |  |  |   |  |   | 207. (  |

| COST A                  | Financial Systems<br>LLOCATION - STATISTICAL BASIS  |   | TY HOSPITAL<br>Provider CO                            |   | eriod:                               | Worksheet B-1                        | 2552-10                 |
|-------------------------|---|---|---|---|--------------------------------------|--------------------------------------|-------------------------|
|                         |   |   |   |   | rom 01/01/2020<br>o 12/31/2020       | Date/Time Pre<br>6/28/2021 3:1       |                         |
|                         | Cost Center Description   | OPERATION OF<br>PLANT<br>(SQUARE<br>FEET)                           | LAUNDRY &<br>LI NEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPI NG<br>(SQUARE<br>FEET)                 | DI ETARY<br>(TOTAL PATI ENT<br>DAYS) | CAFETERI A<br>(HOURS OF<br>SERVI CE) |                         |
|                         |   | 7.00  | 8.00  | 9.00  | 10.00                                | 11.00                                |                         |
|                         | GENERAL SERVICE COST CENTERS  |   |   |   |                                      |                                      | 1 1 00                  |
| 13.00<br>14.00<br>16.00 | 00100 NEW CAP REL COSTS-BLDG & FIXT<br>00101 MOB<br>00102 AMB DEPR<br>00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00201 AMB EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00590 ADMINISTRATIVE & GENERAL<br>00570 ADMINISTRATIVE & GENERAL<br>00580 CASHIERING/ACCOUNTS RECEIVABLE<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01400 CENTRAL SERVICE & SUPPLY<br>01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE | 100, 434<br>916<br>1, 962<br>5, 709<br>2, 852<br>480<br>0<br>3, 185 |   | 97, 556<br>5, 709<br>2, 852<br>480<br>0<br>3, 185 | 3, 670<br>0<br>0<br>0<br>0           | 30, 681<br>897<br>656<br>1, 484      | 13.00<br>14.00<br>16.00 |
| 17.00                   | 01700 SOCIAL SERVICE  | 192   | 0   | 192   | 0                                    | 488                                  | 17.00                   |
|                         | 03000 ADULTS & PEDIATRICS   | 23, 203   | 65, 150   |   |                                      | 8, 264                               | 30.00                   |
|                         | 03100 I NTENSI VE CARE UNI T  | 2, 897  | 22, 967   |   |                                      | 755                                  | •                       |
| 43.00                   | 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS   | 600   | 0   | 600   | 0                                    | 301                                  | 43.00                   |
| 50.00                   | 05000 OPERATI NG ROOM   | 17, 722   | 14, 333   | 17, 722   | 0                                    | 2, 360                               | 50.00                   |
|                         | 05200 DELIVERY ROOM & LABOR ROOM  | 0   | 0   |   |                                      | 0                                    | 52.00                   |
| 53.00<br>54.00          | 05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C  | 0<br>9, 285   | 0<br>26, 293  | 0<br>9, 285                                       | 0                                    | 0<br>2, 270                          | 53.00<br>54.00          |
| 60. 00                  | 06000 LABORATORY  | 4, 880  | 20, 293   |   |                                      | 1, 564                               | 1                       |
| 65.00                   | 06500 RESPIRATORY THERAPY   | 1,062   | 0   |   |                                      | 0                                    | 65.00                   |
| 66.00                   | 06600 PHYSI CAL THERAPY   | 3, 593  | 0   | 3, 593  |                                      | 455                                  |                         |
| 67.00                   | 06700 OCCUPATIONAL THERAPY  | 0   | 0   | -   | 0                                    | 75                                   | 67.00                   |
|                         | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY  | 1, 824  | 3, 094  | -   | Ű                                    | 6<br>746                             | 68.00<br>69.00          |
|                         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 4,356   | 0   | 4, 356  |                                      | 0                                    | 71.00                   |
|                         | 07200 IMPL. DEV. CHARGED TO PATIENT   | 0   | 0   | 0   |                                      | 0                                    | 72.00                   |
|                         | 07300 DRUGS CHARGED TO PATIENTS<br>OUTPATIENT SERVICE COST CENTERS  | 1, 226  | 0   | 1, 226  | 0                                    | 332                                  | 73.00                   |
|                         | 09000 CLINIC  | 0   | 469   | 0   | 0                                    | 36                                   | 90.00                   |
|                         | 09001 SENI OR CARE  | 0   | 56  |   |                                      | 149                                  |                         |
|                         | 09002 GENERAL SURGERY   | 0   | 226   | 0   | 0                                    | 567                                  |                         |
|                         | 09003 HARRI SON CRAWFORD HEALTHCARE<br>09004 CORYDON MEDI CAL ASSOCI ATES   | 0   | 200   | 0   | 0                                    | 937<br>739                           | 90.03<br>90.04          |
|                         | 09005 ORTHOPEDIC SURGERY - DR KLINE   | 0   | 68  |   | 0                                    | 1,000                                | •                       |
| 90.06                   | 09006 OBGYN - DR SAUER  | 0   | 446   | 0   | 0                                    | 304                                  |                         |
|                         | 09100 EMERGENCY   | 6, 559  | 55, 191   | 6, 559  | 0                                    | 3, 180                               |                         |
|                         | 09200 OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURSABLE COST CENTERS   |   |   |   |                                      |                                      | 92.00                   |
|                         | 09500 AMBULANCE SERVICES  | 0   | 10, 050   | 0   | 0                                    | 0                                    | 95.00                   |
|                         | SPECIAL PURPOSE COST CENTERS  | 1   |   | 1   |                                      |                                      | 1                       |
|                         | 11300 INTEREST EXPENSE  | 02 502  | 201 070   | 00 ( 25   | 2 (70                                |                                      | 113.00                  |
| 118.00                  | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS  | 92, 503   | 201, 078  | 89, 625   | 3, 670                               | 27, 505                              | 118.00                  |
| 190.00                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 815   | 0   | 815   | 0                                    | 0                                    | 190. 00                 |
|                         | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 6, 616  | 6, 590  | 6, 616  | 0                                    |                                      | 192.00                  |
|                         | 07950 MARKETI NG<br>07951 PHYSI CLAN BILLI NG   | 0   | 0   | 0   | 0                                    |                                      | 194.00                  |
|                         | 07951 PHYSICIAN BILLING<br>07952 MOB  | 500   |   | 500   | 0                                    |                                      | 194.01<br>194.02        |
| 200.00                  |   |   |   | ĺ   |                                      | 0                                    | 200.00                  |
| 201.00                  |   |   |   |   |                                      |                                      | 201.00                  |
| 202.00                  | Cost to be allocated (per Wkst. B,<br>Part I)   | 2, 312, 857   | 336, 593  | 1, 070, 378                                       | 777, 233                             | 590, 413                             | 202.00                  |
| 203.00<br>204.00        | Unit cost multiplier (Wkst. B, Part I)  | 23. 028626<br>353, 979  |   |   |                                      | 19. 243604<br>76, 681                | 203. 00<br>204. 00      |
| 205.00                  | Unit cost multiplier (Wkst. B, Part   | 3. 524494   | 0. 121959   | 0. 585182   | 41. 014441                           | 2. 499299                            | 205.00                  |
| 206.00                  |   |   |   |   |                                      |                                      | 206. 00                 |
| 207.00                  | (per Wkst. B-2)<br>NAHE unit cost multiplier (Wkst. D,  |   |   |   |                                      |                                      | 207.00                  |
| 201.00                  | INARE UNIT COST MULTIPITER (WKSL. D,  |   |   | 1   |                                      |                                      | 201.00                  |

|  | Financial Systems<br>LLOCATION - STATISTICAL BASIS   | HARRI SON COUNT   | Y HOSPITAL<br>Provider CCI  | F  | In Lie<br>eriod:<br>rom 01/01/2020<br>o 12/31/2020 | u of Form CMS-2552-10<br>Worksheet B-1<br>Date/Time Prepared:  |
|--|--|---|---|--|--|--|
|  | Cost Center Description  | NURSI NG<br>ADMI NI STRATI ON<br>(DI RECT<br>NRSI NG HRS)   | CENTRAL<br>SERVI CES &<br>SUPPLY<br>(COSTED<br>REQUI S. )   | MEDI CAL<br>RECORDS &<br>LI BRARY<br>(GROSS<br>CHARGES)  | SOCI AL SERVI CE<br>(TOTAL PATI ENT<br>DAYS)       | 6/28/2021 3:11 pm  |
|  |  | 13.00   | 14.00   | 16.00  | 17.00  |  |
| $\begin{array}{c} 1.\ 00\\ 1.\ 01\\ 1.\ 02\\ 2.\ 00\\ 2.\ 01\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 16.\ 00\\ \end{array}$ | GENERAL SERVICE COST CENTERS<br>00100 NEW CAP REL COSTS-BLDG & FIXT<br>00101 MOB<br>00102 AMB DEPR<br>00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00201 AMB EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00590 ADMINISTRATIVE & GENERAL<br>00570 ADMINISTRATIVE & GENERAL<br>00570 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DIETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01400 CENTRAL SERVICES & SUPPLY<br>01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE  | 15, 791<br>0<br>0   | 6, 032, 416<br>20, 284<br>1, 041  | 158, 198, 365<br>0   |  | 1.00<br>1.01<br>1.02<br>2.00<br>2.01<br>4.00<br>5.01<br>5.02<br>5.03<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00<br>13.00<br>14.00<br>13.00<br>14.00<br>13.00<br>14.00<br>10.00<br>11.00<br>10.00<br>11.01<br>1.02<br>1.01<br>1.02<br>1.01<br>1.02<br>1.01<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.01<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02<br>1.02 |
|  | INPATIENT ROUTINE SERVICE COST CENTERS   |   |   | -  |  |  |
| 31.00  | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT<br>04300 NURSERY  | 8, 264<br>755<br>301  | 271, 491<br>29, 888<br>145  | 9, 312, 252<br>1, 182, 714<br><u>1, 364, 816</u>   | 424  | 30. 00<br>31. 00<br>43. 00   |
| 52.00<br>53.00<br>54.00<br>60.00<br>65.00<br>66.00<br>67.00<br>68.00<br>69.00<br>71.00<br>72.00<br>73.00<br>90.01<br>90.01<br>90.02<br>90.03   | ANCI LLARY SERVICE COST CENTERS<br>05000 OPERATI NG ROOM<br>05200 DELI VERY ROOM & LABOR ROOM<br>05300 ANESTHESI OLOGY<br>05400 RADI OLOGY-DI AGNOSTI C<br>06000 LABORATORY<br>06500 RESPI RATORY THERAPY<br>06500 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY<br>06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS<br>07200 IMPL. DEV. CHARGED TO PATI ENT<br>07300 DRUGS CHARGED TO PATI ENT<br>07300 DRUGS CHARGED TO PATI ENTS<br>00UTPATI ENT SERVICE COST CENTERS<br>09001 CLNIC<br>09001 SENI OR CARE<br>09002 GENERAL SURGERY<br>09003 HARRI SON CRAWFORD HEALTHCARE | 2, 360<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>746<br>0<br>0<br>0<br>0<br>746<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 409, 615<br>0<br>26, 289<br>178, 628<br>1, 039, 521<br>30, 328<br>3, 758<br>193<br>0<br>40, 844<br>1, 839, 712<br>1, 303, 624<br>14, 329<br>12, 956<br>667<br>5, 669<br>44, 367 | 13, 558, 713<br>0<br>2, 684, 412<br>35, 950, 012<br>25, 164, 800<br>2, 748, 572<br>2, 406, 276<br>438, 581<br>108, 419<br>8, 690, 399<br>4, 997, 241<br>4, 108, 490<br>9, 569, 440<br>198, 392<br>308, 800<br>109, 147<br>658, 544 |  | 50.00<br>52.00<br>53.00<br>54.00<br>60.00<br>65.00<br>65.00<br>66.00<br>67.00<br>68.00<br>71.00<br>72.00<br>71.00<br>72.00<br>73.00<br>90.01<br>90.02<br>90.03   |
| 90. 05<br>90. 06   | 09004 CORYDON MEDICAL ASSOCIATES<br>09005 ORTHOPEDIC SURGERY - DR KLINE<br>09006 OBGYN - DR SAUER<br>09100 EMERGENCY   | 0<br>0<br>0<br>3, 180   | 43, 165<br>393, 440<br>28, 515<br>116, 310  | 817, 017<br>677, 115<br>147, 793<br>23, 301, 979   | 0  | 90. 04<br>90. 05<br>90. 06<br>91. 00   |
|  | 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)<br>OTHER REIMBURSABLE COST CENTERS   | -,  |   |  |  | 92.00  |
| 95.00  | 09500 AMBULANCE SERVICES   | 0   | 177, 637  | 9, 694, 441  | 0  | 95. 00   |
| 113. 00<br>118. 00   | SPECIAL PURPOSE COST CENTERS<br>11300 INTEREST EXPENSE<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS   | 15, 791   | 6, 032, 416   | 158, 198, 365  | 4, 365   | 113. 00<br>118. 00   |
| 192.00<br>194.00<br>194.01   | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19200 PHYSICIANS' PRIVATE OFFICES<br>07950 MARKETING<br>07951 PHYSICIAN BILLING<br>07952 MOB  | 0<br>0<br>0<br>0  | 0<br>0<br>0<br>0  | 0<br>0<br>0<br>0<br>0  |  | 190.00<br>192.00<br>194.00<br>194.01<br>194.02<br>200.00<br>201.00   |
| 201.00   | Cost to be allocated (per Wkst. B,<br>Part I)  | 1, 036, 931   | 955, 132  | 1, 272, 470  | 563, 251   | 201.00   |
| 203.00<br>204.00<br>205.00   | Unit cost multiplier (Wkst. B, Part I)<br>Cost to be allocated (per Wkst. B,<br>Part II)<br>Unit cost multiplier (Wkst. B, Part  | 65. 665949<br>22, 531<br>1. 426825  | 0. 158333<br>9, 136<br>0. 001514  | 0. 008044<br>115, 986<br>0. 000733   | 10, 510  | 203. 00<br>204. 00<br>205. 00  |
| 205.00   | NAHE adjustment amount to be allocated<br>(per Wkst. B-2)  | 1. 420023   | 0.001514  | 0.000733   | 2.407769   | 206. 00  |
| 207.00   | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV)   |   |   |  |  | 207.00   |

| COMPUTATION OF RATIO OF COSTS TO CHARGES         Provider CN: 15-1331         Period :<br>From 01/07/2020         Port distribution           Cost Center Description         Total Cost<br>(From West. B,<br>Part I, col)         Total Cost<br>(Part I, col)         Total Cost<br>( |           | nancial Systems                          | HARRI SON COUN                        | ITY HOSPI TAL |             | In Lie          | u of Form CMS-          | 2552-10 |
|--|-----------|--|---------------------------------------|---------------|-------------|-----------------|-------------------------|---------|
| Cost Center Description         Total Cost<br>(from Wkst. B,<br>Part I, col.<br>20)         Interapy Linit<br>Adj.         Total Costs<br>Total Costs         Total Costs         RCE<br>Disal Iowance         Total Costs           30.00         AUDTINES SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           30.00         03000 ADULTS & PEDI ATRICS         10,008,229         0         0         0         0         0           43.00         04300 NURSEST V         340,909         340,909         0         0         50.00           50.00         05000 OFLIATING ROOM         3.359,008         0         0         50.00         50.00           50.00         05000 OFLIATING ROOM         3.359,008         0         0         50.00  | COMPUTATI | ON OF RATIO OF COSTS TO CHARGES          |                                       | Provider C    | CN: 15-1331 | From 01/01/2020 | Part I<br>Date/Time Pre | epared: |
| Cost Center Description         Total Cost<br>(from Wst B<br>Part 1, col.<br>20.00         Total Costs<br>Adj.         Total Costs<br>Adj.         Total Costs<br>Disal Iowance         Total Costs<br>Disal Iowance           30.00         03000 ADULTS & PEDIATRICS         1.00         2.00         3.00         4.00         5.00           30.00         03000 ADULTS & PEDIATRICS         10.008, 229         0         0.0         31.00           30.00         03000 INTERST VC CARE UNIT         971, 059         971, 059         0         0         31.00           30.00         03000 INTERST VC CARE UNIT         971, 059         10, 008, 229         0         0         31.00           30.00         05200 DELIVERY ROM & LABOR ROM         3, 359, 008         0         0         0         52.00           52.00         05200 DELIVERY ROM & LABOR ROM         3, 591, 073         3, 591, 073         0         0         53.00           53.00         05300 HESTICHENERPY         3, 607, 764         0         0         0         66.00           6600 OBGOR PHASICAL THERAPY         688, 599         0         688, 599         0         66.00         0         66.00         0         66.00         0         66.00         0         71.00         0         71.00         0  |           |  |                                       | Title         | e XVIII     | Hospi tal       |                         |         |
| Impart Entropy         (from Wkst. B, Z6)         Ådj.         Di sal I owance           0.00         03000 ADULTS & PEDIATRI CC COST CENTERS         0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |           |  |                                       |               |             |                 |                         |         |
| INPATI ENT. ROUTINE SERVICE COST CENTERS         Image: Control of Adult S & PEDI ATRICS         Image: Control of Adult S &           |           | Cost Center Description                  | (from Wkst. B,<br>Part I, col.<br>26) | Áďj .         |             |                 |                         |         |
| 30.00         03000         AULTS & PEDIATRICS         10.008, 229         0         0         30.00           31.00         03100         INTERSIVE CARE UNIT         971, 059         971, 059         0         31.00           ANCILLARY SERVICE COST CENTERS         340, 909         340, 909         0         0         43.00           ANCILLARY SERVICE COST CENTERS         0         0         0         0         0         0         0         52.00         0         05000         ANCILLARY SERVICE COST CENTERS         0         0         0         0         0         0         0         0         0         0         52.00         0         53.00         53.00         53.00         53.00         53.00         0         54.00            |           |  | 1.00                                  | 2.00          | 3.00        | 4.00            | 5.00                    |         |
| 11.00         03100         INTENSI VE CARE UNIT         971,059         971,059         0         31.00           43.00         04300         NURSERY         340,909         340,909         0         43.00           ACCILLARY SERVICE COST CENTERS         340,909         340,909         0  |           |  |                                       |               | 1           |                 |                         |         |
| 43.00       04300       04300       000       0       43.00       43.000         ANCI LLARY SERVICE COST CENTERS       0       0       0       50.00       0       0       50.00       0       0       50.00       0       0       50.00       0       0       0       52.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |           |  |                                       |               |             |                 |                         |         |
| ANCILLARY SERVICE COST CENTERS         DOI 101         DOI 101 <thdoi 101<="" th="">         DOI 101         <thdo< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></thdo<></thdoi>  |           |  |                                       |               |             |                 | -                       |         |
| 50. 00         OPERATING ROOM         3, 359, 008         3, 359, 008         0         0         50. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         52. 00         53. 00         0         0         0         0         0         52. 00         52. 00         53. 00         52. 00         53. 00         52. 00         53. 00         52. 00         53. 00         52. 00         53. 00         0         0         0         52. 00         53. 00         0         52. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         53. 00         54. 00         0         54. 00         54. 00         66. 00         6  |           |  | 340, 909                              |               | 340, 90     | 09 0            | 0                       | 43.00   |
| 52.00       05200       DELL VERY ROOM & LABOR ROOM       0       52.00         53.00       05300       MAESTHESI 0LOGY       72.082       72.082       0       0       53.00         64.00       05400       RADI LOGY -DI AGNOSTI C       3.591,073       3.591,073       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       3.607,764       3.607,764       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       688,599       0       688,599       0       66.00       0       66.00       66.00       66.00       66.00       66.00       66.00       66.00       67.00       0       67.00       0       67.00       0       68.00       680.08       680.09       68.00       680.09       680.00       680.00       680.00       680.00       67.00       0       67.00       0       72.00       72.  |           |  | 2 250 009                             | 1             | 2 250 0     |                 | 0                       | E0 00   |
| 53.00       05300       AMESTHESI OLOGY       72,082       72,082       0       0       53.00         54.00       05400       RADI OLOGY-DI AGNOSTI C       3,591,073       0       0       54.00         60.00       06000       LABORATORY       3,607,764       0       0       66.00         65.00       06500       RESPI RATORY THERAPY       688,599       0       688,599       0       65.00         66.00       06000       LABORATORY       80,651       0       0       66.00       67.00       68.05       0       68.05       0       68.00       69.00       66.00       67.00       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       71.00       71.00       71.00       71.00       71.00       71.00       72.00       73.00       73.00       73.00       73.487,267       0       0       90.01   |           |  |                                       |               | 3, 339, 0   |                 |                         |         |
| 54.00       05400       RADI OLOGY-DI AGNOSTI C       3, 591, 073       0       0       54.00         60.00       06000       LABORATORY       3, 607, 764       0       0       60.00         65.00       0550       RESPI RATORY THERAPY       688, 599       0       688, 599       0       65.00         66.00       06000       CULABORATORY       80, 651       0       80, 651       0       66.00         67.00       06000       CULAT THERAPY       80, 651       0       80, 651       0       68.00         68.00       06600       SPEECH PATHOLOGY       7, 839       0       7, 839       0       68.00         69.00       071.00       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       2, 639, 197       0       0       71.00         07200       IMBL ALRCED TO PATI ENTS       3, 487, 267       0       0       72.00       73.00       0       73.00       0000       CLIN C       114, 072       144, 072       0       90.00       90.01         90.01       09001       LIN IC       114, 072       138, 82, 71       0       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.02       90.03       90.  |           |  |                                       |               | 72 0        |                 |                         |         |
| 60.00       06000       LABORATORY       3, 607, 764       3, 607, 764       0       60.00         65.00       06500       RESPI RATORY THERAPY       688, 599       0       688, 599       0       668.00         66.00       06500       OCCUPATI ONAL THERAPY       689, 436       0       066.00       0       67.00       0       67.00       0       0       67.00       0       0       67.00       0       68.00       0       68.00       0       68.00       0       68.00       0       69.00       1.051, 392       0       0       71.00       71.00       72.00       0       0       72.00       0       0       72.00       0       0       72.00       0       0       73.00       0       73.00       0       <  |           |  |                                       |               |             |                 |                         |         |
| 65:00       06500       RESPI RATORY THERAPY       688, 599       0       668, 599       0       65:00         66:00       06600       PHYSI CAL THERAPY       689, 436       0       669, 436       0       0       66:00         67:00       0COOPD OCCUPATI ONAL THERAPY       80, 651       0       80, 651       0       0       67:00       0       66:00       0       67:00       0       689, 436       0       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       68:00       0       0       7:00       0       0       0       0       0       0       0       7:00       0       0       0       7:00       0       0       7:00       0       0       7:00       0       0       7:00       0       0       7:00       0       0       7:00       0       0       7:00       0       0       0       0       0       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>  |           |  |                                       |               |             |                 | -                       |         |
| 66.00       06000       PHYSI CAL THERAPY       689, 436       0       66.00       66.00         67.00       06700       0CCUPATI ONAL THERAPY       80, 651       0       80, 651       0       66.00         68.00       06800       SPEECH PATHOLOGY       7, 839       0       68.00       69.00         69.00       06900       ELECTROCARDI OLOGY       1, 051, 392       1, 051, 392       0       69.00         71.00       07100       MEDI CAL. SUPPLIES CHARGED TO PATI ENTS       2, 639, 197       0       0       71.00         72.00       07100       DEV. CHARGED TO PATI ENT       1, 745, 786       1, 745, 786       0       72.00         00       07300       DRUGS CHARGED TO PATI ENT       3, 487, 267       0       0       73.00         00       07000       CLI NI C       114, 072       114, 072       0       90.00         90.01       99002       GENERAL SURGERY       398, 271       398, 271       0       90.02         90.02       09002       GENERAL SURGERY       398, 271       398, 271       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCI ATES       454, 610       0       90.04       900.04   |           |  |                                       |               |             |                 |                         |         |
| 67.00       06700       OCCUPATI ONAL THERAPY       80,651       0       80,651       0       67.00       67.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       69.00       7.839       0       7.839       0       69.00       69.00       69.00       7.839       0       69.00       69.00       7.839       0       7.839       0       69.00       69.00       71.00       0       0       71.00       0       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       72.00       70.00       72.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       90.00  |           |  |                                       |               |             |                 | -                       |         |
| 68.00       06800       SPEECH PATHOLOGY       7,839       0       7,839       0       68.00         69.00       06900       ELECTROCARDI OLOGY       1,051,392       1,051,392       0       0       68.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       2,639,197       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       1,745,786       1,745,786       0       0       73.00         07300       DRUGS CHARGED TO PATI ENTS       3,487,267       3,487,267       0       0       73.00         00000       CLINIC       114,072       114,072       0       0       90.00         90.00       09000 [ENERAL SURGERY       330,860       330,860       0       90.01         90.01       09001 SENIOR CARE       614,380       614,380       0       90.02         90.02       09002 (CNYDON MEDI CAL ASSOCI ATES       454,610       454,610       0       90.02         90.04       09004       CORYDON MEDI CAL ASSOCI ATES       454,610       454,610       0       90.05         90.05       09006       0BGYN - DR SAUER       225,473       225,473       0       0       90.06       90.06   |           |  |                                       |               |             |                 |                         |         |
| 71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       2, 639, 197       2, 639, 197       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       1, 745, 786       1, 745, 786       0       0       72.00         73.00       DRUGS CHARGED TO PATI ENTS       3, 487, 267       0       0       73.00       0       0       73.00         00TPATI ENT SERVICE COST CENTERS   |           |  |                                       |               |             |                 | C                       | 68.00   |
| 72.00       07200       IMPL. DEV. CHARGED TO PATIENT       1,745,786       1,745,786       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,487,267       3,487,267       0       0       73.00         0UTPATIENT SERVICE COST CENTERS       0       0       73.00       0       0       73.00       0       0       73.00       0       0       73.00       0       0       73.00       0       0       0       73.00       0       0       0       73.00       0       0       0       73.00       0 <td>69.00 069</td> <td>POO ELECTROCARDI OLOGY</td> <td>1,051,392</td> <td></td> <td>1, 051, 39</td> <td>92 0</td> <td>C</td> <td>69.00</td>  | 69.00 069 | POO ELECTROCARDI OLOGY                   | 1,051,392                             |               | 1, 051, 39  | 92 0            | C                       | 69.00   |
| 73.00       OT300       DRUGS CHARGED TO PATIENTS       3,487,267       3,487,267       0       0       73.00         90.00       O9000       CLINIC       114,072       0       0       90.00       90.00       90.01       90.01       90.01       09001       SENIOR CARE       330,860       330,860       0       90.01       90.01       90.02       General Surgery       398,271       398,271       0       0       90.02       90.03       90.04       90.02       General Surgery       398,271       398,271       0       0       90.02       90.03       90.04       90.02       General Surgery       98,271       398,271       0       0       90.03       90.03       90.04       90.04       90.04       090.04       090.04       090.04       090.04       090.04       090.04       090.04       090.04       90.05       0.03       90.04       90.04       090.04       90.05       0.04       90.05       0.04       90.05       00.05       00.05       00.05       00.05       00.05       00.05       00.06       90.06       090.06       090.06       090.06       090.06       090.06       090.06       090.06       090.06       090.06       090.06       090.06       090.06 <td>71.00 071</td> <td>100 MEDICAL SUPPLIES CHARGED TO PATIENTS</td> <td>2, 639, 197</td> <td></td> <td>2, 639, 19</td> <td>97 0</td> <td>C</td> <td>71.00</td>  | 71.00 071 | 100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 2, 639, 197                           |               | 2, 639, 19  | 97 0            | C                       | 71.00   |
| OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         114,072         0         0         90.00           90.01         09000         CLINIC         114,072         0         0         90.00           90.01         09001         SENIOR CARE         330,860         330,860         0         90.01           90.02         09002 GENERAL SURGERY         398,271         398,271         0         0         90.02           90.03         09003 HARRI SON CRAWFORD HEALTHCARE         614,380         0         0         90.03           90.04         09004         CORYDON MEDI CAL ASSOCI ATES         454,610         454,610         0         90.05           90.05         09005         ORTHOPEDI C SURGERY - DR KLINE         618,631         618,631         0         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.00         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06         90.06   |           |  |                                       |               |             |                 | C                       |         |
| 90.00       09000       CLINIC       114,072       114,072       0       0       90.00         90.01       09001       SENIOR CARE       330,860       330,860       0       0       90.01         90.02       09002       GENERAL SURGERY       398,271       398,271       0       0       90.02         90.03       09003       HARRI SON CRAWFORD HEALTHCARE       614,380       614,380       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCI ATES       454,610       454,610       0       0       90.04         90.05       ORTHOPEDI C SURGERY - DR KLI NE       618,631       618,631       0       0       90.05         90.06       09006       OBGYN - DR SAUER       225,473       225,473       0       0       90.06         91.00       09100       EMERGENCY       4,147,518       4,147,518       0       0       91.00         92.00       O9200       OBSERVATI ON BEDS (NON-DI STINCT PART)       2,182,462       2,182,462       0       92.00         92.00       OP200       OBSERVATI ON BEDS (NON-DI STINCT PART)       2,182,462       0       0       0       92.00         92.00       OP2000       MBULA  |           |  | 3, 487, 267                           |               | 3, 487, 20  | 57 0            | 0                       | 73.00   |
| 90.01       09001       SENI OR CARE       330, 860       330, 860       0       0       90.01         90.02       09002       GENERAL SURGERY       398, 271       398, 271       0       0       90.02         90.03       09003       HARRI SON CRAWFORD HEALTHCARE       614, 380       614, 380       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCI ATES       454, 610       454, 610       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLI NE       618, 631       618, 631       0       0       90.05         90.06       09006       DBGYN - DR SAUER       225, 473       225, 473       0       0       90.06       90.06         91.00       09100       EMERGENCY       4, 147, 518       0       0       91.00       91.00       92.0  |           |  | 1                                     |               | 1           |                 |                         |         |
| 90.02       09002       GENERAL SURGERY       398, 271       0       0       90.02         90.03       09003       HARRI SON CRAWFORD HEALTHCARE       614, 380       614, 380       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCIATES       454, 610       454, 610       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLI NE       618, 631       0       0       90.05         90.06       09006       OBGYN - DR SAUER       225, 473       225, 473       0       0       90.06         91.00       09100       EMERGENCY       4, 147, 518       0       0       91.00       92.00         92.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART)       2, 182, 462       2, 182, 462       0       92.00         92.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART)       2, 182, 462       0       92.00       92.00         92.00       OP200       MBULANCE SERVICES       4, 234, 577       0       0       0       95.00       95.00       95.00       95.00       95.00       95.00       95.00       0       0       0       0       0       0       0       0       0   |           |  |                                       |               |             |                 |                         |         |
| 90.03       09003       HARRI SON CRAWFORD HEALTHCARE       614, 380       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCIATES       454, 610       454, 610       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLINE       618, 631       618, 631       0       0       90.05         90.06       09006       0BGYN - DR SAUER       225, 473       225, 473       0       0       90.06         91.00       09100       EMERGENCY       4, 147, 518       4, 147, 518       0       0       91.00       92.00         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       2, 182, 462       0       92.00  |           |  |                                       |               |             |                 |                         |         |
| 90. 04       09004       CORYDON MEDI CAL ASSOCIATES       454, 610       0       0       90. 04         90. 05       09005       ORTHOPEDI C SURGERY - DR KLINE       618, 631       618, 631       0       0       90. 05         90. 06       09006       0BGYN - DR SAUER       225, 473       225, 473       0       0       90. 06         91. 00       09100       EMERGENCY       4, 147, 518       4, 147, 518       0       0       91. 00         92. 00       09200 (DBSERVATI ON BEDS (NON-DI STINCT PART)       2, 182, 462       2, 182, 462       0       92. 00         07HER REI MBURSABLE COST CENTERS       95. 00       09500 (AMBULANCE SERVI CES       4, 234, 577       4, 234, 577       0       0       95. 00         95. 00       09500 (AMBULANCE SERVI CES       4, 234, 577       4, 234, 577       0       0       95. 00         95. 01       113.00       INTEREST EXPENSE       113. 00       1       0       0       200. 00       201. 00       20, 182, 462       0       200. 00       0       200. 00       0       200. 00       0       200. 00       0       200. 00       0       200. 00       0       200. 00       0       200. 00       0       200. 00       201. 00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |           |  |                                       |               |             |                 |                         |         |
| 90.05       09005       ORTHOPEDIC SURGERY - DR KLINE       618,631       0       0       90.05         90.06       09006       0BGYN - DR SAUER       225,473       225,473       0       0       90.06         91.00       09100       EMERGENCY       4,147,518       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       2,182,462       2,182,462       0       92.00         07000       OPECIAL PURPOSE COST CENTERS       0       0       0       95.00       0       95.00       11300       INTEREST EXPENSE       113.00       0       0       0       0       200.00       201.00       20.8661,145       0       0       0       200.00       201.00       0       200.00       0       200.00       0       200.00       201.00       0       200.00       0       200.00       0       200.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       0       201.00       201.00       2  |           |  |                                       |               |             |                 | -                       |         |
| 90.06       09006       0BGYN - DR SAUER       225,473       0       0       90.06         91.00       09100       EMERGENCY       4,147,518       0       0       91.00         92.00       09200       DBSERVATION BEDS (NON-DISTINCT PART)       2,182,462       2,182,462       0       92.00         OTHER REIMBURSABLE COST CENTERS         OP500       09500 AMBULANCE SERVICES       4,234,577       0       0       95.00         SPECIAL PURPOSE COST CENTERS         113.00       INTEREST EXPENSE       113.00       Subtotal (see instructions)       45,661,145       0       45,661,145       0       0       200.00         201.00       Less Observation Beds       2,182,462       2,182,462       0       201.00       0       201.00   |           |  |                                       |               |             |                 |                         |         |
| 91.00       09100       EMERGENCY       4, 147, 518       0       0       91.00         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART)       2, 182, 462       2, 182, 462       0       92.00         0THER       REI MBURSABLE COST CENTERS       0       0       0       95.00       0       0       0       95.00       0       0       0       0       95.00       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |           |  |                                       |               |             |                 |                         |         |
| 92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       2, 182, 462       2, 182, 462       0       92.00         0THER       REI MBURSABLE       COST CENTERS       4, 234, 577       4, 234, 577       0       0         95.00       OPSOOLAMBULANCE       SERVICES       4, 234, 577       0       0       0         95.01       SPECIAL PURPOSE       COST CENTERS       113.00       11300       INTEREST EXPENSE       0       0       200.00         201.00       Less Observation Beds       2, 182, 462       0       201.00       0       201.00  |           |  |                                       |               |             |                 |                         |         |
| OTHER REIMBURSABLE COST CENTERS           95.00         OP500   AMBULANCE SERVICES         4,234,577         0         0         0           SPECIAL PURPOSE COST CENTERS         113.00         11300   INTEREST EXPENSE         113.00         11300   INTEREST EXPENSE         113.00         201.00         45,661,145         0         45,661,145         0         20.00         201.00         201.00         20,182,462         0         201.00  |           |  |                                       |               |             |                 | -                       |         |
| 95.00         09500         AMBULANCE SERVICES         4, 234, 577         4, 234, 577         0         0         95.00           SPECIAL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00         11300         INTEREST EXPENSE         113.00         200.00         Subtotal (see instructions)         45, 661, 145         0         45, 661, 145         0         200.00         200.00         201.00  |           |  | 2, 102, 402                           |               | 2, 102, 40  | 02              | 0                       | 92.00   |
| SPECIAL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00         113.00         200.00         Subtotal (see instructions)         45, 661, 145         0         45, 661, 145         0         200.00         201.00         Less Observation Beds         2, 182, 462         2, 182, 462         0         201.00   |           |  | 4 234 577                             |               | 4 234 5     | 77 0            | 0                       | 95 00   |
| 113.00       INTEREST EXPENSE       113.00       113.00       113.00         200.00       Subtotal (see instructions)       45, 661, 145       0       45, 661, 145       0       200.00         201.00       Less Observation Beds       2, 182, 462       2, 182, 462       0       201.00   |           |  | 4,234,377                             | 1             | 7, 204, 0   | 0               |                         | /0.00   |
| 200.00         Subtotal (see instructions)         45, 661, 145         0         45, 661, 145         0         0         200.00           201.00         Less Observation Beds         2, 182, 462         2, 182, 462         0         201.00  |           |  |                                       |               |             |                 |                         | 113.00  |
| 201.00         Less Observation Beds         2, 182, 462         2, 182, 462         0 201.00  |           |  | 45, 661, 145                          | 0             | 45, 661, 1  | 15 0            | C                       |         |
|  |           |  |                                       |               |             |                 |                         |         |
|  |           | Total (see instructions)                 |                                       |               |             |                 | 0                       | 202.00  |

|        | Financial Systems                          | HARRI SON COUN |               |                          | In Lie                                      | u of Form CMS-  | 2552-10         |
|--------|--|----------------|---------------|--------------------------|---|---|-----------------|
| COMPUT | ATION OF RATIO OF COSTS TO CHARGES         |                | Provider CO   |                          | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Pre<br>6/28/2021 3:1 | epared:<br>1 pm |
|        |  |                |               | XVIII                    | Hospi tal                                   | Cost  |                 |
|        |  |                | Charges       |                          |   |   |                 |
|        | Cost Center Description                    | Inpatient      | Outpati ent   | Total (col.<br>+ col. 7) | 6 Cost or Other<br>Ratio                    | TEFRA<br>Inpatient<br>Ratio                             |                 |
|        |  | 6.00           | 7.00          | 8.00                     | 9.00  | 10.00   |                 |
|        | INPATIENT ROUTINE SERVICE COST CENTERS     |                |               |                          |   |   |                 |
| 30.00  | 03000 ADULTS & PEDIATRICS                  | 7, 462, 491    |               | 7, 462, 49               | 91  |   | 30.00           |
| 31.00  | 03100 INTENSIVE CARE UNIT                  | 1, 182, 714    |               | 1, 182, 7 <sup>.</sup>   | 14  |   | 31.00           |
| 43.00  | 04300 NURSERY                              | 1, 364, 816    |               | 1, 364, 8                | 16  |   | 43.00           |
|        | ANCI LLARY SERVICE COST CENTERS            |                |               |                          |   |   |                 |
| 50.00  | 05000 OPERATING ROOM                       | 2, 938, 504    | 10, 620, 209  | 13, 558, 7 <sup>-</sup>  | 0. 247738                                   | 0. 000000   | 50.00           |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM           | 0              | 0             |                          | 0 0.000000                                  | 0. 000000   | 52.00           |
| 53.00  | 05300 ANESTHESI OLOGY                      | 923, 233       | 1, 761, 179   | 2, 684, 4                | 0. 026852                                   | 0. 000000   | 53.00           |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C              | 1, 375, 121    | 34, 574, 891  | 35, 950, 0 <sup>-</sup>  |   | 0. 000000   | 54.00           |
| 60.00  | 06000 LABORATORY                           | 3, 414, 610    | 21, 750, 190  | 25, 164, 80              | 0. 143365                                   | 0. 000000   | 60.00           |
| 65.00  | 06500 RESPI RATORY THERAPY                 | 1, 910, 608    | 837, 964      | 2, 748, 5                | 0. 250530                                   | 0. 000000   | 65.00           |
| 66.00  | 06600 PHYSI CAL THERAPY                    | 673, 827       | 1, 732, 449   |                          |   | 0. 000000   | 66.00           |
| 67.00  | 06700 OCCUPATIONAL THERAPY                 | 280, 247       | 158, 334      | 438, 58                  | 0. 183891                                   | 0. 000000   | 67.00           |
| 68.00  | 06800 SPEECH PATHOLOGY                     | 60, 106        | 48, 313       | 108, 4 <sup>-</sup>      | 0. 072303                                   | 0. 000000   | 68.00           |
| 69.00  | 06900 ELECTROCARDI OLOGY                   | 585, 534       | 8, 104, 865   | 8, 690, 39               | 0. 120983                                   | 0. 000000   | 69.00           |
| 71.00  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 2, 460, 873    | 2, 536, 368   | 4, 997, 24               | 0. 528131                                   | 0. 000000   | 71.00           |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENT        | 1, 697, 172    | 2, 411, 318   | 4, 108, 49               | 0. 424922                                   | 0. 000000   | 72.00           |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS            | 2, 328, 756    | 7, 240, 684   | 9, 569, 44               | 0. 364417                                   | 0.00000   | 73.00           |
|        | OUTPATIENT SERVICE COST CENTERS            |                |               |                          |   |   |                 |
| 90.00  | 09000 CLI NI C                             | 0              | 198, 392      |                          |   |   | 90.00           |
| 90.01  | 09001 SENI OR CARE                         | 0              | 308, 800      | 308, 80                  | 1. 071438                                   | 0. 000000   | 90.01           |
| 90.02  | 09002 GENERAL SURGERY                      | 0              | 109, 147      | 109, 14                  | 3. 648941                                   | 0.00000   | 90.02           |
| 90.03  | 09003 HARRI SON CRAWFORD HEALTHCARE        | 0              | 658, 544      |                          |   | 0.00000   |                 |
| 90.04  | 09004 CORYDON MEDICAL ASSOCIATES           | 0              | 817, 017      | 817, 0 <sup>-</sup>      |   | 0.00000   |                 |
| 90.05  | 09005 ORTHOPEDIC SURGERY - DR KLINE        | 0              | 677, 115      |                          |   | 0.00000   |                 |
| 90.06  | 09006 OBGYN - DR SAUER                     | 0              | 147, 793      |                          |   | 0.00000   | 90.06           |
| 91.00  | 09100 EMERGENCY                            | 403, 494       | 22, 898, 485  | 23, 301, 9               | 0. 177990                                   | 0.00000   | 91.00           |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0              | 1, 849, 761   | 1, 849, 70               | 51 1. 179862                                | 0. 000000   | 92.00           |
|        | OTHER REIMBURSABLE COST CENTERS            |                |               |                          |   |   |                 |
| 95.00  | 09500 AMBULANCE SERVICES                   | 0              | 9, 694, 441   | 9, 694, 44               | 0. 436805                                   | 0.00000   | 95.00           |
|        | SPECIAL PURPOSE COST CENTERS               |                |               |                          | - 1   |   |                 |
|        | 11300 INTEREST EXPENSE                     |                |               |                          |   |   | 113.00          |
| 200.00 |  | 29, 062, 106   | 129, 136, 259 | 158, 198, 30             | 55  |   | 200.00          |
| 201.00 |  |                |               |                          |   |   | 201.00          |
| 202.00 | Total (see instructions)                   | 29, 062, 106   | 129, 136, 259 | 158, 198, 30             | 55  |   | 202.00          |

| Heal th | Financial Systems                          | HARRI SON COUNTY | ' HOSPI TAL           | In Lieu                                      | u of Form CMS-2  | 2552-10 |
|---------|--|------------------|-----------------------|--|--|---------|
| COMPUT  | ATION OF RATIO OF COSTS TO CHARGES         |                  | Provider CCN: 15-1331 | Peri od:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Prep<br>6/28/2021 3:1 |         |
|         |  |                  | Title XVIII           | Hospi tal                                    | Cost   |         |
|         | Cost Center Description                    | PPS Inpatient    |                       |  |  |         |
|         |  | Ratio            |                       |  |  |         |
|         |  | 11.00            |                       |  |  |         |
|         | INPATIENT ROUTINE SERVICE COST CENTERS     | 1                |                       |  |  |         |
|         | 03000 ADULTS & PEDI ATRI CS                |                  |                       |  |  | 30.00   |
|         | 03100 INTENSIVE CARE UNIT                  |                  |                       |  |  | 31.00   |
|         | 04300 NURSERY                              |                  |                       |  |  | 43.00   |
|         | ANCILLARY SERVICE COST CENTERS             |                  |                       |  |  |         |
|         | 05000 OPERATI NG ROOM                      | 0. 000000        |                       |  |  | 50.00   |
|         | 05200 DELIVERY ROOM & LABOR ROOM           | 0. 000000        |                       |  |  | 52.00   |
|         | 05300 ANESTHESI OLOGY                      | 0. 000000        |                       |  |  | 53.00   |
| 54.00   | 05400 RADI OLOGY-DI AGNOSTI C              | 0. 000000        |                       |  |  | 54.00   |
| 60.00   | 06000 LABORATORY                           | 0. 000000        |                       |  |  | 60.00   |
| 65.00   | 06500 RESPI RATORY THERAPY                 | 0. 000000        |                       |  |  | 65.00   |
| 66.00   | 06600 PHYSI CAL THERAPY                    | 0. 000000        |                       |  |  | 66.00   |
| 67.00   | 06700 OCCUPATI ONAL THERAPY                | 0. 000000        |                       |  |  | 67.00   |
| 68.00   | 06800 SPEECH PATHOLOGY                     | 0. 000000        |                       |  |  | 68.00   |
| 69.00   | 06900 ELECTROCARDI OLOGY                   | 0. 000000        |                       |  |  | 69.00   |
| 71.00   | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0. 000000        |                       |  |  | 71.00   |
| 72.00   | 07200 IMPL. DEV. CHARGED TO PATIENT        | 0. 000000        |                       |  |  | 72.00   |
| 73.00   | 07300 DRUGS CHARGED TO PATIENTS            | 0. 000000        |                       |  |  | 73.00   |
|         | OUTPATIENT SERVICE COST CENTERS            |                  |                       |  |  |         |
| 90.00   | 09000 CLINIC                               | 0. 000000        |                       |  |  | 90.00   |
| 90.01   | 09001 SENI OR CARE                         | 0. 000000        |                       |  |  | 90.01   |
| 90.02   | 09002 GENERAL SURGERY                      | 0. 000000        |                       |  |  | 90.02   |
| 90.03   | 09003 HARRI SON CRAWFORD HEALTHCARE        | 0. 000000        |                       |  |  | 90.03   |
| 90.04   | 09004 CORYDON MEDICAL ASSOCIATES           | 0. 000000        |                       |  |  | 90.04   |
|         | 09005 ORTHOPEDIC SURGERY - DR KLINE        | 0. 000000        |                       |  |  | 90.05   |
| 90.06   | 09006 OBGYN - DR SAUER                     | 0. 000000        |                       |  |  | 90.06   |
|         | 09100 EMERGENCY                            | 0. 000000        |                       |  |  | 91.00   |
|         | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0. 000000        |                       |  |  | 92.00   |
|         | OTHER REIMBURSABLE COST CENTERS            |                  |                       |  |  |         |
|         | 09500 AMBULANCE SERVICES                   | 0.000000         |                       |  |  | 95.00   |
|         | SPECIAL PURPOSE COST CENTERS               |                  |                       |  |  |         |
|         | 11300 I NTEREST EXPENSE                    |                  |                       |  |  | 113.00  |
| 200.00  |  |                  |                       |  |  | 200.00  |
| 201.00  |  |                  |                       |  |  | 201.00  |
| 202.00  |  |                  |                       |  |  | 202.00  |
|         |  | 1                |                       |  |  |         |

|                | Financial Systems  | HARRI SON COUN                        | TY HOSPITAL           |                           | In Lie                                      | u of Form CMS-  | 2552-10         |
|----------------|--|---------------------------------------|-----------------------|---------------------------|---|---|-----------------|
| COMPUT         | ATION OF RATIO OF COSTS TO CHARGES                                 |                                       | Provider C            | CN: 15-1331               | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Pre<br>6/28/2021 3:1 | epared:<br>1 pm |
|                |  |                                       | Titl                  | e XIX                     | Hospi tal                                   | Cost  | <u> </u>        |
|                |  |                                       |                       |                           | Costs                                       |   |                 |
|                | Cost Center Description  | (from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. |                           | Di sal I owance                             | Total Costs   |                 |
|                |  | 1.00                                  | 2.00                  | 3.00                      | 4.00  | 5.00  |                 |
|                | I NPATI ENT ROUTI NE SERVI CE COST CENTERS                         |                                       |                       | 10,000,00                 |   | 10,000,000  |                 |
| 30.00          | 03000 ADULTS & PEDIATRICS  | 10, 008, 229                          |                       | 10, 008, 22               |   |   |                 |
| 31.00<br>43.00 | 03100 I NTENSI VE CARE UNI T<br>04300 NURSERY                      | 971, 059<br>340, 909                  |                       | 971, 05<br>340, 90        |   | 971, 059<br>340, 909                                    |                 |
| 43.00          | ANCI LLARY SERVICE COST CENTERS                                    | 340, 909                              |                       | 340, 90                   | 0   | 340, 909  | 43.00           |
| 50.00          | 05000 OPERATING ROOM   | 3, 359, 008                           |                       | 3, 359, 00                | 0 8   | 3, 359, 008   | 50.00           |
| 52.00          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0,007,000                             |                       | 0,00,,00                  | 0 0   | 0,007,000   |                 |
| 53.00          | 05300 ANESTHESI OLOGY  | 72, 082                               |                       | 72, 08                    | 32 0  | 72, 082   |                 |
| 54.00          | 05400 RADI OLOGY-DI AGNOSTI C                                      | 3, 591, 073                           |                       | 3, 591, 07                | 73 0  | 3, 591, 073   | 54.00           |
| 60.00          | 06000 LABORATORY   | 3, 607, 764                           |                       | 3, 607, 76                | 64 0  | 3, 607, 764   | 60.00           |
| 65.00          | 06500 RESPI RATORY THERAPY   | 688, 599                              | 0                     |                           |   | 688, 599  |                 |
| 66.00          | 06600 PHYSI CAL THERAPY  | 689, 436                              | 0                     |                           |   | 689, 436  |                 |
| 67.00          | 06700 OCCUPATI ONAL THERAPY  | 80, 651                               | 0                     | 80, 65                    |   | 80, 651   |                 |
| 68.00          | 06800 SPEECH PATHOLOGY   | 7,839                                 | 0                     | 1,00                      |   | 7, 839  |                 |
| 69.00          | 06900 ELECTROCARDI OLOGY   | 1,051,392                             |                       | 1, 051, 39                |   | 1, 051, 392   |                 |
| 71.00          | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS                        | 2, 639, 197                           |                       | 2, 639, 19                |   | 2, 639, 197   |                 |
| 72.00          | 07200 IMPL. DEV. CHARGED TO PATIENT                                | 1, 745, 786                           |                       | 1, 745, 78                |   | 1, 745, 786   |                 |
| 73.00          | 07300 DRUGS CHARGED TO PATIENTS<br>OUTPATIENT SERVICE COST CENTERS | 3, 487, 267                           |                       | 3, 487, 26                | 0/  | 3, 487, 267   | 73.00           |
| 90.00          | 09000 CLINIC   | 114,072                               |                       | 114, 07                   | 72 0  | 114, 072  | 90.00           |
| 90.01          | 09001 SENI OR CARE   | 330, 860                              |                       | 330, 86                   |   |   |                 |
| 90.02          | 09002 GENERAL SURGERY  | 398, 271                              |                       | 398, 27                   |   | 398, 271  |                 |
| 90.03          | 09003 HARRI SON CRAWFORD HEALTHCARE                                | 614, 380                              |                       | 614, 38                   |   | 614, 380  |                 |
| 90.04          | 09004 CORYDON MEDICAL ASSOCIATES                                   | 454, 610                              |                       | 454, 6                    |   | 454, 610  |                 |
| 90.05          | 09005 ORTHOPEDIC SURGERY - DR KLINE                                | 618, 631                              |                       | 618, 63                   |   | 618, 631  | 90.05           |
| 90.06          | 09006 OBGYN - DR SAUER   | 225, 473                              |                       | 225, 47                   | 73 0  | 225, 473  | 90.06           |
| 91.00          | 09100 EMERGENCY  | 4, 147, 518                           |                       | 4, 147, 51                |   | 4, 147, 518   | 91.00           |
| 92.00          | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                         | 2, 182, 462                           |                       | 2, 182, 46                | 52  | 2, 182, 462   | 92.00           |
|                | OTHER REIMBURSABLE COST CENTERS                                    |                                       |                       |                           |   |   |                 |
| 95.00          | 09500 AMBULANCE SERVICES   | 4, 234, 577                           |                       | 4, 234, 57                | 77 0  | 4, 234, 577   | 95.00           |
| 440.00         | SPECIAL PURPOSE COST CENTERS                                       | 1                                     |                       | 1                         |   |   | 140.00          |
|                | 11300 INTEREST EXPENSE   | AE //4 445                            | ~                     | 45 //1 1                  |   | AE //4 445  | 113.00          |
| 200.00         |  | 45, 661, 145                          | 0                     |                           |   | 45, 661, 145<br>2, 182, 462                             |                 |
| 201.00         |  | 2, 182, 462<br>43, 478, 683           | 0                     | 2, 182, 46<br>43, 478, 68 |   |   | •               |
| 202.00         |  | 43, 470, 083                          | 0                     | 43, 478, 00               | 0   | 43, 470, 083  | 202.00          |

|        | Financial Systems                           | HARRI SON COUN |   |                          | In Lie                                      | u of Form CMS-  | 2552-10         |
|--------|---|----------------|---|--------------------------|---|---|-----------------|
| COMPUT | ATION OF RATIO OF COSTS TO CHARGES          |                | Provider CO                             |                          | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Pre<br>6/28/2021 3:1 | epared:<br>1 pm |
|        |   |                |   | e XIX                    | Hospi tal                                   | Cost  |                 |
|        |   |                | Charges                                 |                          |   |   |                 |
|        | Cost Center Description                     | Inpati ent     | Outpati ent                             | Total (col.<br>+ col. 7) | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o                          |                 |
|        |   | 6.00           | 7.00                                    | 8.00                     | 9.00  | 10.00   |                 |
|        | INPATIENT ROUTINE SERVICE COST CENTERS      | 0100           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0.00                     | 7100  | 10100   |                 |
| 30, 00 | 03000 ADULTS & PEDIATRICS                   | 7, 462, 491    |   | 7, 462, 4                | 91  |   | 30.00           |
| 31.00  | 03100 I NTENSI VE CARE UNI T                | 1, 182, 714    |   | 1, 182, 7                |   |   | 31.00           |
| 43.00  | 04300 NURSERY                               | 1, 364, 816    |   | 1, 364, 8                |   |   | 43.00           |
| 101.00 | ANCI LLARY SERVI CE COST CENTERS            | 1,001,010      |   | 1,001,0                  |   |   | 10100           |
| 50.00  | 05000 OPERATING ROOM                        | 2, 938, 504    | 10, 620, 209                            | 13, 558, 7               | 0. 247738                                   | 0.00000   | 50.00           |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM            | 0              | 0                                       |                          | 0 0.000000                                  | 0. 000000   | 1               |
| 53.00  | 05300 ANESTHESI OLOGY                       | 923, 233       | 1, 761, 179                             | 2, 684, 4                |   | 0. 000000   |                 |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C               | 1, 375, 121    | 34, 574, 891                            |                          |   | 0. 000000   |                 |
| 60.00  | 06000 LABORATORY                            | 3, 414, 610    | 21, 750, 190                            |                          |   | 0. 000000   |                 |
| 65.00  | 06500 RESPI RATORY THERAPY                  | 1, 910, 608    | 837, 964                                |                          |   | 0. 000000   |                 |
| 66.00  | 06600 PHYSI CAL THERAPY                     | 673, 827       | 1, 732, 449                             |                          |   | 0. 000000   | 1               |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                 | 280, 247       | 158, 334                                |                          |   | 0.00000   |                 |
| 68.00  | 06800 SPEECH PATHOLOGY                      | 60, 106        | 48, 313                                 |                          |   | 0.00000   |                 |
| 69.00  | 06900 ELECTROCARDI OLOGY                    | 585, 534       | 8, 104, 865                             |                          |   | 0.00000   |                 |
| 71.00  | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS | 2, 460, 873    | 2, 536, 368                             |                          |   | 0.00000   |                 |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENT         | 1, 697, 172    | 2, 411, 318                             | 4, 108, 49               | 0. 424922                                   | 0. 000000   | 72.00           |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS             | 2, 328, 756    | 7, 240, 684                             |                          |   | 0.00000   |                 |
|        | OUTPATIENT SERVICE COST CENTERS             |                | · · ·                                   |                          |   |   |                 |
| 90.00  | 09000 CLI NI C                              | 0              | 198, 392                                | 198, 39                  | 92 0. 574983                                | 0. 000000   | 90.00           |
| 90.01  | 09001 SENI OR CARE                          | 0              | 308, 800                                | 308, 80                  | 00 1.071438                                 | 0. 000000   | 90.01           |
| 90.02  | 09002 GENERAL SURGERY                       | 0              | 109, 147                                | 109, 14                  | 3. 648941                                   | 0. 000000   | 90.02           |
| 90.03  | 09003 HARRI SON CRAWFORD HEALTHCARE         | 0              | 658, 544                                | 658, 54                  | 44 0. 932937                                | 0.00000   | 90.03           |
| 90.04  | 09004 CORYDON MEDICAL ASSOCIATES            | 0              | 817, 017                                | 817, 0                   | 0. 556427                                   | 0. 000000   | 90.04           |
| 90.05  | 09005 ORTHOPEDIC SURGERY - DR KLINE         | 0              | 677, 115                                | 677, 1                   | 0. 913628                                   | 0.00000   | 90.05           |
| 90.06  | 09006 OBGYN - DR SAUER                      | 0              | 147, 793                                | 147, 79                  | 93 1. 525600                                | 0.00000   | 90.06           |
| 91.00  | 09100 EMERGENCY                             | 403, 494       | 22, 898, 485                            | 23, 301, 9               | 79 0. 177990                                | 0.00000   | 91.00           |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART)  | 0              | 1, 849, 761                             | 1, 849, 70               | 61 1. 179862                                | 0. 000000   | 92.00           |
|        | OTHER REIMBURSABLE COST CENTERS             |                |   | _                        |   |   |                 |
| 95.00  | 09500 AMBULANCE SERVI CES                   | 0              | 9, 694, 441                             | 9, 694, 4                | 41 0. 436805                                | 0. 000000   | 95.00           |
|        | SPECIAL PURPOSE COST CENTERS                |                |   |                          |   |   |                 |
|        | 11300 INTEREST EXPENSE                      |                |   |                          |   |   | 113.00          |
| 200.00 |   | 29, 062, 106   | 129, 136, 259                           | 158, 198, 3              | 65  |   | 200.00          |
| 201.00 |   |                |   |                          |   |   | 201.00          |
| 202.00 | Total (see instructions)                    | 29, 062, 106   | 129, 136, 259                           | 158, 198, 30             | 65  |   | 202.00          |

| Health Financial Systems                         | HARRI SON COUNTY | / HOSPI TAL           | In Lie                                      | u of Form CMS-25   | 52-10       |
|--|------------------|-----------------------|---|--|-------------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES         |                  | Provider CCN: 15-1331 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Prepa<br>6/28/2021 3:11 | ared:<br>pm |
|  |                  | Title XIX             | Hospi tal                                   | Cost   |             |
| Cost Center Description                          | PPS Inpatient    |                       |   |  |             |
|  | Ratio            |                       |   |  |             |
|  | 11.00            |                       |   |  |             |
| INPATIENT ROUTINE SERVICE COST CENTERS           |                  |                       |   |  |             |
| 30. 00 03000 ADULTS & PEDI ATRI CS               |                  |                       |   |  | 30.00       |
| 31. 00 03100 I NTENSI VE CARE UNI T              |                  |                       |   |  | 31.00       |
| 43. 00 04300 NURSERY                             |                  |                       |   |  | 43.00       |
| ANCI LLARY SERVI CE COST CENTERS                 | 0.000000         |                       |   |  |             |
| 50. 00 05000 OPERATI NG ROOM                     | 0.000000         |                       |   |  | 50.00       |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM           | 0. 000000        |                       |   |  | 52.00       |
| 53.00 05300 ANESTHESI OLOGY                      | 0. 000000        |                       |   |  | 53.00       |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C              | 0. 000000        |                       |   |  | 54.00       |
| 60. 00 06000 LABORATORY                          | 0. 000000        |                       |   |  | 60.00       |
| 65. 00 06500 RESPI RATORY THERAPY                | 0. 000000        |                       |   |  | 65.00       |
| 66. 00 06600 PHYSI CAL THERAPY                   | 0. 000000        |                       |   |  | 66.00       |
| 67.00 06700 OCCUPATI ONAL THERAPY                | 0. 000000        |                       |   |  | 67.00       |
| 68.00 06800 SPEECH PATHOLOGY                     | 0. 000000        |                       |   |  | 68.00       |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 0. 000000        |                       |   |  | 69.00       |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0. 000000        |                       |   |  | 71.00       |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 0. 000000        |                       |   |  | 72.00       |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0. 000000        |                       |   |  | 73.00       |
| OUTPATIENT SERVICE COST CENTERS                  |                  |                       |   |  |             |
| 90. 00 09000 CLINIC                              | 0. 000000        |                       |   |  | 90.00       |
| 90. 01 09001 SENI OR CARE                        | 0. 000000        |                       |   |  | 90. 01      |
| 90. 02 09002 GENERAL SURGERY                     | 0. 000000        |                       |   |  | 90. 02      |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE       | 0. 000000        |                       |   |  | 90.03       |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES          | 0. 000000        |                       |   |  | 90. 04      |
| 90.05 09005 ORTHOPEDIC SURGERY - DR KLINE        | 0. 000000        |                       |   |  | 90.05       |
| 90. 06 09006 OBGYN - DR SAUER                    | 0. 000000        |                       |   |  | 90.06       |
| 91.00 09100 EMERGENCY                            | 0. 000000        |                       |   |  | 91.00       |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0. 000000        |                       |   |  | 92.00       |
| OTHER REIMBURSABLE COST CENTERS                  |                  |                       |   |  |             |
| 95. 00 09500 AMBULANCE SERVICES                  | 0. 000000        |                       |   |  | 95.00       |
| SPECIAL PURPOSE COST CENTERS                     |                  |                       |   |  |             |
| 113.00 11300 INTEREST EXPENSE                    |                  |                       |   | 1  | 13.00       |
| 200.00 Subtotal (see instructions)               |                  |                       |   |  | 00.00       |
| 201.00 Less Observation Beds                     |                  |                       |   |  | 01.00       |
| 202.00 Total (see instructions)                  |                  |                       |   | 2  | 02.00       |

| APPORTLONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS         Provider CCN: 15-1331         Period:<br>To 12/3/12020         Worksheet D<br>Part II<br>Date Time Prepared:<br>6/28/2021           Cost Center Description         Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.)         Title XVIII         Hospital         Cost<br>Column 4)           MACILLARY SERVICE COST CENTERS         (from Wkst. B,<br>Part II, col.)         (from Wkst. B,<br>P | Health Financial Systems                            | HARRI SON COUN | TY HOSPI TAL  |          | In Lie                                | u of Form CMS-2                           | 2552-10 |
|--|---|----------------|---------------|----------|---------------------------------------|---|---------|
| Cost Center Description         Capital<br>Related Cost<br>(from Wkst. C,<br>Part I, col.<br>26)         To Capital<br>(from Wkst. C,<br>Part I, col.<br>2)         Inpatient<br>Column 3 x<br>(column 3 x)         Capital Costs<br>(column 3 x)           ANCILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50.00         05000 PERATING ROOM<br>05000 DELIVERY ROOM & LABOR ROOM<br>00         492,395         13,558,713         0.026316         686,872         24,944         50.00           51.00         05200 DELIVERY ROOM & LABOR ROOM<br>00         2,378         2,684,412         0.000086         129,255         115         53.00           54.00         05300 ANESTHESI OLOGY         2,378         2,594,412         0.0002661         1,185,345         8,133         60.00           66.00         06500 PESPI RATORY         172,652         25,164,800         0.004661         1,185,345         8,133         60.00           66.00         06700 OCUPATIONAL THERAPY         98,857         2,406,276         0.041083         346,516         14,236         66.00           67.00         07400 KELCARDALOGY         149         108,419         0.002545         138,825         35.67.00         68.00           69.00         09000 OPOOD ELECTROCARDI LOGY         149         108,419         0.002545   | APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | AL COSTS       |               |          | From 01/01/2020<br>To 12/31/2020      | Part II<br>Date/Time Pre<br>6/28/2021 3:1 |         |
| Related Cost<br>(from Wkst. C,<br>Part II, col.<br>26)         to Charges<br>(col um 4)         Program<br>(col um 4)         Col um 3 x<br>(col um 4)           26)         1.00         2.00         3.00         4.00         5.00           50.00         05000 [PERATI NG ROOM         492,395         13,558,713         0.036316         686,872         24,944         50.00           52.00         05200 [DELIVERY ROOM & LABOR ROOM         0         0         0.000000         0         52.00           53.00         05300 [ABGTHESIOLOGY         2.378         2.684,412         0.008861         19,853         53.00           54.00         06500 [RESPI RATORY THERAPY         172,652         25,164,800         0.06661         1,85,345         8,133         66.00           66.00         06600 [RESPI RATORY THERAPY         11.16         43,851         10.02545         13.8,825         35.5         75.00           67.00         06700 [LECARCARDI ONAL THERAPY         1,116         43,851         0.02545         13.8,825         35.5         75.00           68.00         06600 [PELCERCARDI ONAL THERAPY         1,116         43,690         .001734         4,640         68.00           69.00         06710 [LECARCARDI OLOGY         149         108,419         0.001734         <   |   |                |               |          |                                       |   |         |
| ANCI LLARY SERVICE COST CENTERS         Col.         Col.         1         Col.         <   | Cost Center Description                             |                |               |          |                                       |   |         |
| Part II, col.         8)         2)         and           26)         1.00         2.00         3.00         4.00         5.00           ANCILLARY SERVICE COST CENTERS         0         0.0000 (DPERATING ROOM         492,395         13,558,713         0.036316         686,872         24,944         50.00           53.00         05300 (DPC) DELIVERY ROOM & LABOR ROOM         2,378         2,684,412         0.000266         129,255         115         53.00           54.00         05400 (RADICOGV-DIAKNOSTIC         295,185         35,950,012         0.002211         493,041         4,048         54.00           65.00         065000 (RESPIRATORY THERAPY         172,652         25,164,800         0.0002661         1,185,345         8,133         60.00           66.00         06600 PHYSI CAL THERAPY         34,103         2,748,572         0.014083         346,516         14,236         66.00           67.00         06700 OCUPATIONAL THERAPY         1,116         438,581         0.002545         138,825         353         67.00           67.00         06700 INDICAL SUPPLIES CHARGED TO PATIENTS         134,649         4,997,241         0.20645         927,833         25,000         71.00           71.00         07100 MEDICAL SUPPLIES CHARGED T   |   |                |               |          |                                       |   |         |
| 26)         20         3.00         4.00         5.00           ANCI LLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50.00         05000 DERATI NG ROOM         492.395         13.558,713         0.036316         666,872         24,944         50.00           52.00         05300 ANESTHESI OLOCY         2.378         2.684,412         0.000866         129,255         115         53.00           54.00         05400 RADI OLOCY - DI AGNOSTI C         295,185         35,950,012         0.008211         493,041         4,048         54.00           60.00         06000 LABORATORY         172,652         25,164,800         0.006661         1,185,345         8,133         60.00           66.00         06500 RESPI RATORY THERAPY         98,857         2,406,276         0.041083         346,516         14,236         66.00           67.00         0COPTI ONAL THERAPY         98,857         2,406,972         27,438         1,990         69.00         71.00         749         108,419         0.001374         4,640         68.00         68.00         680.00         52.00         53.00         71.00         71.00         72.027,833         25.000         71.00         71.00 <td< td=""><td></td><td></td><td></td><td></td><td>. Charges</td><td>column 4)</td><td></td></td<>  |   |                |               |          | . Charges                             | column 4)                                 |         |
| ANCI LLARY SERVI CE COST CENTERS         1.00         2.00         3.00         4.00         5.00           ANCI LLARY SERVI CE COST CENTERS         50.00         05000 (DPERTI ING ROM)         492, 395         13, 558, 713         0.036316         686, 872         24, 944         50.00           52.00         05300 (DPERTI ING ROM)         402, 395         13, 558, 713         0.036316         686, 872         24, 944         50.00           53.00         05400 (RADI OLOGY-DI AGNOSTI C         295, 185         35, 950, 012         0.008211         493, 041         4, 048         54.00           60.00         06600 (RADI RORY TIRENARY         172, 652         25, 164, 800         0.006661         1, 185, 345         8, 133         60.00           66.00         06600 (PHYSI CAL THERAPY         344, 103         2, 748, 572         0.012408         999, 600         12, 403         55.00           67.00         06700 OCUPATI ONAL THERAPY         98, 857         2, 406, 276         0.041083         346, 516         14, 236         66.00           67.00         06800 SPECH PATHOLOGY         149         108, 419         0.001374         4, 640         6         68.00           06800 SPECH PATHOLOGY         63, 024         8, 690, 399         0.07252         274, 313  |   |                | 8)            | 2)       |                                       |   |         |
| ANCI LLARY SERVICE COST CENTERS           50.00         D5000 DEFRATI NG ROOM         492, 395         13, 558, 713         0.036316         686, 872         24, 944         50.00           52.00         DESODO DELI VERY ROOM & LABOR ROOM         0         0.000000         0         52.00           53.00         D5300 ANESTHESI OLOGY         2, 378         2, 684, 412         0.000886         129, 255         115         53.00           54.00         D5400 RADI OLOGY-DI AGNOSTI C         295, 185         35, 950, 012         0.008211         493, 041         4, 048         54.00         0.06600         LABORATORY         172, 652         25, 164, 800         0.006861         1, 185, 345         8, 133         60.00         65.00         06500         RESPI RATORY THERAPY         34, 103         2, 748, 572         0.012408         999, 600         12, 403         65.00           66.00         06500 OCUPATI ONAL THERAPY         1, 116         438, 581         0.002545         138, 825         353         67.00         60600 PHYSI CAL THERAPY         1, 116         438, 690         0.001374         4, 640         66         68.00           69.00         OF100 OCUPATI ONAL THERAPY         1, 116         499, 92, 241         0.026945         927, 83         25, 000         7  |   |                |               |          |                                       |   |         |
| 50.00       05000       0PERATING ROOM       492,395       13,558,713       0.036316       686,872       24,944       50.00         52.00       05200       DELIVERY ROOM & LABOR ROOM       0       0       0.000000       0       0       52.00         53.00       05200       DELIVERY ROOM & LABOR ROOM       0       0       0.000000       0       0       52.00         54.00       05400       RADIOLOGY-DIAGNOSTIC       295,185       35,950,012       0.008211       493,041       4,048       54.00         60.00       06500       RSPI RATORY THERAPY       712,652       25,164,800       0.006861       1,185,345       8,133       60.00         65.00       06500       RSPI RATORY THERAPY       34,103       2,748,572       0.012408       999,600       12,403       66.00         67.00       0C0700 CCUPATIONAL THERAPY       1,116       438,581       0.002545       138,825       353       67.00         69.00       06900       ELECTROCARDIOLOGY       149       108,419       0.001374       4,640       68.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       134,649       9.997,241       0.026945       927,833       25,000       71.00   |   | 1.00           | 2.00          | 3.00     | 4.00                                  | 5.00                                      |         |
| 52:00       05200       DELI VERY ROOM & LABOR ROOM       0       0       0.000000       0       52:00         53:00       05300       ANESTHESI DLOGY       2,378       2,684,412       0.000866       129,255       115       53:00         64:00       06000       LABORATORY       172,652       25,164,800       0.006861       1,185,345       8,133       60:00         65:00       06500       RESPI RATORY THERAPY       34,103       2,748,572       0.012408       999,600       12,403       65:00         66:00       06000       DCUPATI ONAL THERAPY       98,857       2,406,276       0.041083       346,516       14,233       66:00         67:00       06700       0CCUPATI ONAL THERAPY       1,116       438,581       0.002545       138,825       353       67:00         68:00       06800       SPEECH PATHOLOGY       63,024       8,690,399       0.007252       274,378       1.990       69:00         71:00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       134,649       4,997,241       0.026945       927,833       25;000       71:00         71:00       07100       IMPL.       DEV. CHARGED TO PATI ENT       16,917       4,108,490       0.004118       748,241 <td></td> <td></td> <td>-</td> <td>1</td> <td></td> <td></td> <td></td>   |   |                | -             | 1        |                                       |   |         |
| 53.00       05300       ANESTHESI OLOGY       2,378       2,684,412       0.000886       129,255       115       53.00         54.00       05400       RADI OLOGY-DI AGNOSTI C       295,185       35,950,012       0.0008211       493,041       4,048       54.00         60.00       LABORATORY       172,652       25,164,800       0.006861       1,185,345       8,133       60.00         65.00       06500       RESPI RATORY THERAPY       34,103       2,748,572       0.012408       999,600       12,403       65.00         66.00       06600       PHYSI CAL THERAPY       98,857       2,406,276       0.041083       346,516       14,236       66.00         67.00       06000       LEOCTROCARDI OLOGY       149       108,419       0.001374       4,640       6       68.00         69.00       06900       ELECTROCARDI OLOGY       63,024       8,690,399       0.007252       274,378       1,990       69.00       71.00         72.00       07200       IMPL.       DEV.       CHARGED TO PATI ENT       134,649       4,997,241       0.26945       927,833       25,000       71.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       65,802       9,569,440       0.0   |   | 492, 395       | 13, 558, 713  |          |                                       | 24, 944                                   |         |
| 54.00       05400       RADI OLOGY - DI AGNOSTI C       295, 185       35, 950, 012       0.008211       493, 041       4, 048       54.00         60.00       06000       LABORATORY       172, 652       25, 164, 800       0.006861       1, 185, 345       8, 133       60.00         65.00       06500       RESPI RATORY THERAPY       34, 103       2, 748, 572       0.012408       999, 600       12, 403       65.00         67.00       06700       OCCUPATI ONAL THERAPY       98, 857       2, 406, 276       0.041083       346, 516       14, 236       66.00         68.00       OB600       SPEECH PATHOLOGY       149       108, 419       0.001374       4, 640       68.00         69.00       06900       ELECTROCARDI OLOGY       149       108, 419       0.02545       927, 833       25, 000       71.00         71.00       OT100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.026945       927, 833       25, 000       71.00         73.00       DRUGS CHARGED TO PATI ENTS       65, 802       9, 569, 440       0.006876       927, 285       6, 376       73.00         90.00       09000       CLI NI C       32, 195       198, 392       0.162280       0  |   | -              | -             |          |                                       |   |         |
| 60.00       LABORATORY       172, 652       25, 164, 800       0.006861       1, 185, 345       8, 133       60.00         65.00       06500       RESPI RATORY THERAPY       34, 103       2, 748, 572       0.012408       999, 600       12, 403       65.00         64.00       06600       PHSI CAL THERAPY       98, 857       2, 406, 276       0.041083       346, 516       14, 235       66.00         67.00       0CCUPATI ONAL THERAPY       1, 116       438, 581       0.002545       138, 825       353       67.00         68.00       6900       ELECTROCARDI OLOGY       149       108, 419       0.001374       4, 640       68.00         69.00       O7100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.026945       927, 833       25, 000       71.00         72.00       07300       DRUES CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.026945       927, 835       6, 376       700         90.00       O9000       CLI NI C       32, 195       198, 392       0.162280       0       0       90.01         90.01       O9000       CLI NI C       32, 195       198, 392       0.162280       0       90.01       90.02 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |   |                |               |          |                                       |   |         |
| 65.00       06500       RESPI RATORY THERAPY       34, 103       2, 749, 572       0.012408       999, 600       12, 403       65.00         66.00       06600       PHYSI CAL THERAPY       98, 857       2, 406, 276       0.041083       346, 516       14, 236       66.00         67.00       06700       OCCUPATI ONAL THERAPY       1, 116       438, 581       0.002545       138, 825       353       67.00         68.00       06800       SPECH PATHOLOGY       149       108, 419       0.001374       4, 640       68.00         69.00       06900       ELECTROCARDI OLOGY       63, 024       8, 690, 399       0.007252       274, 378       1, 990       69.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.206945       927, 833       25, 000       71.00         73.00       07200       IMUS CHARGED TO PATI ENTS       65, 802       9, 569, 440       0.006876       927, 283       25, 000       73.00         0017PATI ENT SERVICE COST CENTERS       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0  |   | 295, 185       |               |          |                                       |   |         |
| 66.00       06600       PHYSI CAL THERAPY       99,857       2,406,276       0.041083       346,516       14,236       66.00         67.00       06700       OCCUPATI ONAL THERAPY       1,116       438,581       0.002545       138,825       353       67.00         68.00       06800       SPEECH PATHOLOGY       149       108,419       0.001374       4,640       68.00         69.00       OFOO       CLECTROCARDI OLOGY       63,024       8,690,399       0.007252       274,378       1,990       69.00         71.00       OT100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       134,649       4,997,241       0.26945       927,833       25,000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       16,917       4,108,490       0.004118       748,241       3,081       72.00         73.00       DUTPATI ENT SERVICE COST CENTERS       0 <t< td=""><td></td><td>172, 652</td><td>25, 164, 800</td><td></td><td></td><td></td><td>60.00</td></t<>   |   | 172, 652       | 25, 164, 800  |          |                                       |   | 60.00   |
| 67.00       06700       0CCUPATI ONAL THERAPY       1, 116       438, 581       0.002545       138, 825       353       67.00         68.00       06800       SPEECH PATHOLOGY       149       108, 419       0.01374       4, 640       68.00         69.00       06900       ELECTROCARDI OLOGY       63, 024       8, 690, 399       0.007252       274, 378       1, 990       69.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.026945       927, 833       25, 000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.026945       927, 833       25, 000       73.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       65, 802       9, 569, 440       0.006876       927, 285       6, 376       73.00         09.00       CHIN C       SERVICE COST CENTERS       0       0       90.00  |   |                |               |          |                                       | 12, 403                                   | 65.00   |
| 68.00       06800       SPEECH PATHOLOGY       149       108,419       0.001374       4,640       6       68.00         69.00       06900       ELECTROCARDI OLOGY       63,024       8,690,399       0.007252       274,378       1,990       69.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       134,649       4,997,241       0.026945       927,833       25,000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       16,917       4,108,490       0.004118       748,241       3,081       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       65,802       9,569,440       0.006876       927,285       6,376       73.00         0017PATI ENT SERVICE COST CENTERS       0017PATI ENT SERVICE COST CENTERS       0       0       90.00       09000       CLI NI C       32,195       198,392       0.162280       0       0       90.01       90.01       90.00       90.00       90.00       90.00       90.00       90.01       90.01       90.02       09002 GENERAL SURGERY       48,134       109,147       0.441002       0       0       90.02       90.03       90.03       HARI SON CRAWFORD HEALTHCARE       68,269       658,544       0.103667       0<   |   | 98, 857        | 2, 406, 276   |          |                                       | 14, 236                                   | 66.00   |
| 69.00       06900       ELECTROCARDIOLOGY       63,024       8,690,399       0.007252       274,378       1,990       69.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       134,649       4,997,241       0.026945       927,833       25,000       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATIENT       16,917       4,108,490       0.004118       748,241       3,081       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       65,802       9,569,440       0.006876       927,285       6,376         90.00       09000       CLINIC       32,195       198,392       0.162280       0       0       90.00         90.01       09001       SENIOR CARE       25,807       308,800       0.083572       0       0       90.01         90.02       09002       GENERAL SURGERY       48,134       109,147       0.441002       0  | 67.00 06700 OCCUPATI ONAL THERAPY                   | 1, 116         | 438, 581      | 0.0025   | 45 138, 825                           | 353                                       | 67.00   |
| 71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       134, 649       4, 997, 241       0.026945       927, 833       25,000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       16,917       4, 108,490       0.004118       748,241       3,081       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       65,802       9,569,440       0.006876       927,285       6,376       73.00         0UTPATI ENT SERVICE COST CENTERS       0       000       09000       CLI NI C       92,195       198,392       0.162280       0       90.01       90.01         90.00       09001 SENI OR CARE       25,807       308,800       0.083572       0       0       90.02  | 68.00 06800 SPEECH PATHOLOGY                        | 149            | 108, 419      | 0.0013   | 74 4, 640                             | 6   | 68.00   |
| 72.00       07200       IMPL. DEV. CHARGED TO PATIENT       16,917       4,108,490       0.004118       749,241       3,081       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       65,802       9,569,440       0.006876       927,285       6,376       73.00         0UTPATIENT SERVICE COST CENTERS       0       0       0       90.00       0       90.00       0       90.00       90.01       9001 SENIOR CARE       25,807       308,800       0.083572       0       0       90.01       90.01       90.02       GENERAL SURGERY       48,134       109,147       0.441002       0       90.02       90.03       90.03       90.04       9004       CORYDON MEDI CAL ASSOCI ATES       66,658       817,017       0.081587       0       90.04       90.04       90.05       90.05       90.05       90.05       90.05       90.05       90.05       90.05       90.05       90.04       90.04       90.05       90.05       90.05       90.06       90.05       90.05       90.04       90.04       90.05       90.05       90.05       90.06       90.05       90.06       90.05       90.06       90.05       90.06       90.06       90.05       90.06       90.06       90.06       90.06   | 69. 00 06900 ELECTROCARDI OLOGY                     | 63, 024        | 8, 690, 399   | 0.0072   | 52 274, 378                           | 1, 990                                    | 69.00   |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       65,802       9,569,440       0.006876       927,285       6,376       73.00         0UTPATIENT SERVICE COST CENTERS       0       0       0000       0       0000       0       0       0000       0 <td>71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS</td> <td>134, 649</td> <td>4, 997, 241</td> <td>0. 02694</td> <td>45 927, 833</td> <td>25, 000</td> <td>71.00</td>   | 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 134, 649       | 4, 997, 241   | 0. 02694 | 45 927, 833                           | 25, 000                                   | 71.00   |
| OUTPATI ENT_SERVICE_COST_CENTERS           90.00         09000         CLINIC         32,195         198,392         0.162280         0         0         90.00           90.01         09001         SENI OR_CARE         25,807         308,800         0.083572         0         0         90.01           90.02         09002         GENERAL_SURGERY         48,134         109,147         0.441002         0         0         90.02           90.03         09003         HARRI SON_CRAWFORD HEALTHCARE         68,269         658,544         0.103667         0         0         90.03           90.04         09004         CORYDON MEDI CAL ASSOCI ATES         66,658         817,017         0.081587         0         0         90.04           90.05         09005         ORTHOPEDI C_SURGERY - DR_KLI NE         100,798         677,115         0.148864         0         0         90.05           90.06         09006         DGYN - DR SAUER         33,062         147,793         0.223705         0         0         90.06           91.00         09100         EMERGENCY         261,608         23,301,979         0.011227         16,789         188         91.00         92.00         92.00         92.00  | 72.00 07200 IMPL. DEV. CHARGED TO PATIENT           | 16, 917        | 4, 108, 490   | 0.0041   | 18 748, 241                           | 3, 081                                    | 72.00   |
| 90.00       09000       CLINIC       32,195       198,392       0.162280       0       0       90.00         90.01       09001       SENIOR CARE       25,807       308,800       0.083572       0       0       90.01         90.02       09002       GENERAL SURGERY       48,134       109,147       0.441002       0       0       90.02         90.03       09003       HARRI SON CRAWFORD HEALTHCARE       68,269       658,544       0.103667       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCIATES       66,658       817,017       0.081587       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLINE       100,798       677,115       0.148864       0       0       90.05         90.06       09006       D6GYN - DR SAUER       33,062       147,793       0.223705       0       0       90.06         91.00       09100       EMERGENCY       261,608       23,301,979       0.011227       16,789       188       91.00         92.00       OSERVATI ON BEDS (NON-DI STINCT PART)       182,718       1,849,761       0.098779       0       0       92.00         OTHER REI MBURSABLE COST CENTERS   | 73.00 07300 DRUGS CHARGED TO PATIENTS               | 65, 802        | 9, 569, 440   | 0. 0068  | 76 927, 285                           | 6, 376                                    | 73.00   |
| 90.01       09001       SENI OR CARE       25, 807       309, 800       0.083572       0       0       90.01         90.02       09002       GENERAL SURGERY       48, 134       109, 147       0.441002       0       0       90.02         90.03       09003       HARRI SON CRAWFORD HEALTHCARE       68, 269       658, 544       0.103667       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCIATES       66, 658       817, 017       0.081587       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLINE       100, 798       677, 115       0.148864       0       0       90.05         90.06       09006       D6GYN - DR SAUER       33, 062       147, 793       0.223705       0       0       90.06         91.00       O9100       EMERGENCY       261, 608       23, 301, 979       0.011227       16, 789       188       91.00         92.00       OBSERVATI ON BEDS (NON-DI STINCT PART)       182, 718       1, 849, 761       0.098779       0       0       92.00         0       09500       AMBULANCE SERVI CES       95.00       95.00       95.00  | OUTPATIENT SERVICE COST CENTERS                     |                |               |          |                                       |   |         |
| 90.02       09002       GENERAL SURGERY       48, 134       109, 147       0.441002       0       0       90.02         90.03       09003       HARRI SON CRAWFORD HEALTHCARE       68, 269       658, 544       0.103667       0       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCIATES       66, 658       817, 017       0.081587       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLINE       100, 798       677, 115       0.148864       0       0       90.05         90.06       09006       06GYN - DR SAUER       33, 062       147, 793       0.223705       0       0       90.06         91.00       09100       EMERGENCY       261, 608       23, 301, 979       0.011227       16, 789       188       91.00         92.00       09200 (DSERVATI ON BEDS (NON-DI STINCT PART)       182, 718       1, 849, 761       0.098779       0       0       92.00         07HER REIMBURSABLE COST CENTERS       95.00   | 90. 00 09000 CLINIC                                 | 32, 195        | 198, 392      | 0. 1622  | 30 0                                  | 0   | 90.00   |
| 90.03       09003       HARRI SON CRAWFORD HEALTHCARE       68, 269       658, 544       0.103667       0       90.03         90.04       09004       CORYDON MEDI CAL ASSOCI ATES       66, 658       817, 017       0.081587       0       0       90.04         90.05       09005       ORTHOPEDI C SURGERY - DR KLI NE       100, 798       677, 115       0.148864       0       0       90.05         90.06       09006       0BGYN - DR SAUER       33, 062       147, 793       0.223705       0       0       90.06         91.00       09100       EMERGENCY       261, 608       23, 301, 979       0.011227       16, 789       188       91.00         92.00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       182, 718       1, 849, 761       0.098779       0       0       92.00         07HER REI MBURSABLE COST CENTERS       95.00   | 90. 01 09001 SENI OR CARE                           | 25, 807        | 308, 800      | 0. 0835  | 72 0                                  | 0   | 90.01   |
| 90. 04         09004         CORYDON MEDI CAL ASSOCI ATES         66, 658         817, 017         0. 081587         0         0         90. 04           90. 05         09005         ORTHOPEDI C SURGERY - DR KLI NE         100, 798         677, 115         0. 148864         0         0         90. 05           90. 06         09006         0BGYN - DR SAUER         33, 062         147, 793         0. 223705         0         0         90. 06           91. 00         09100         EMERGENCY         261, 608         23, 301, 979         0. 011227         16, 789         188         91. 00           92. 00         09SERVATI ON BEDS (NON-DI STI NCT PART)         182, 718         1, 849, 761         0. 098779         0         0         92. 00           01HER REI MBURSABLE COST CENTERS         95. 00         09500         AMBULANCE SERVICES         95. 00         95. 00         95. 00         95. 00         95. 00   | 90. 02 09002 GENERAL SURGERY                        | 48, 134        | 109, 147      | 0. 4410  | 02 0                                  | 0   | 90.02   |
| 90. 05         09005         ORTHOPEDIC SURGERY - DR KLINE         100, 798         677, 115         0. 148864         0         0         90. 05           90. 06         09006         0BGYN - DR SAUER         33, 062         147, 793         0. 223705         0         0         90. 06           91. 00         09100         EMERGENCY         261, 608         23, 301, 979         0. 011227         16, 789         188         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         182, 718         1, 849, 761         0. 098779         0         0         92. 00           0THER REI MBURSABLE COST CENTERS         95. 00         09500         AMBULANCE SERVICES         95. 00         95. 00         95. 00  | 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE          | 68, 269        | 658, 544      | 0. 1036  | 67 0                                  | 0   | 90. 03  |
| 90. 06         09006         0BGYN - DR SAUER         33,062         147,793         0.223705         0         0         90. 06           91. 00         09100         EMERGENCY         261,608         23,301,979         0.011227         16,789         188         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART)         182,718         1,849,761         0.098779         0         0         92. 00           0THER REI MBURSABLE COST CENTERS         95. 00         09500         AMBULANCE SERVICES         95. 00         95. 00  | 90. 04 09004 CORYDON MEDICAL ASSOCIATES             | 66, 658        | 817, 017      | 0. 0815  | 37 0                                  | 0   | 90.04   |
| 91.00         09100         EMERGENCY         261,608         23,301,979         0.011227         16,789         188         91.00           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         182,718         1,849,761         0.098779         0         0         92.00           0THER REI MBURSABLE COST CENTERS         95.00         09500         AMBULANCE SERVICES         95.00         95.00   | 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE          | 100, 798       | 677, 115      | 0. 1488  | 64 0                                  | 0   | 90.05   |
| 92.00         09200         0BSERVATI ON         BEDS         (NON-DI STI NCT PART)         182,718         1,849,761         0.098779         0         0         92.00           OTHER         REI MBURSABLE         COST         CENTERS         95.00         9500         AMBULANCE         SERVICES         95.00         95.00  | 90. 06 09006 0BGYN - DR SAUER                       | 33, 062        | 147, 793      | 0. 22370 | 05 0                                  | 0   | 90.06   |
| OTHER REI MBURSABLE COST CENTERS         95.00       09500       AMBULANCE SERVICES       95.00  | 91.00 09100 EMERGENCY                               | 261, 608       | 23, 301, 979  | 0.0112   | 16, 789                               | 188                                       | 91.00   |
| 95.00 09500 AMBULANCE SERVICES 95.00   | 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 182, 718       | 1, 849, 761   | 0. 0987  | 79 0                                  | 0   | 92.00   |
|  |   |                |               |          | · · · · · · · · · · · · · · · · · · · |   |         |
| 200.00         Total (lines 50 through 199)         2, 196, 476         138, 493, 903         6, 878, 620         100, 873         200.00  | 95. 00 09500 AMBULANCE SERVICES                     |                |               |          |                                       |   | 95.00   |
|  | 200.00   Total (lines 50 through 199)               | 2, 196, 476    | 138, 493, 903 |          | 6, 878, 620                           | 100, 873                                  | 200. 00 |

| Health Financial Systems   | HARRISON COUN    | ITY HOSPI TAL  |               | In Lie                                      | u of Form CMS-2 | 2552-10 |
|--|------------------|----------------|---------------|---|-----------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF<br>THROUGH COSTS | RVICE OTHER PASS |                |               | Period:<br>From 01/01/2020<br>To 12/31/2020 |                 |         |
|  |                  | Title          | e XVIII       | Hospi tal                                   | Cost            |         |
| Cost Center Description  | Non Physician    | Nursing School | Nursing Schoo | I Allied Health                             | Allied Health   |         |
|  | Anestheti st     | Post-Stepdown  |               | Post-Stepdown                               |                 |         |
|  | Cost             | Adjustments    |               | Adjustments                                 |                 |         |
|  | 1.00             | 2A             | 2.00          | 3A  | 3.00            |         |
| ANCILLARY SERVICE COST CENTERS                                       |                  |                |               |   |                 |         |
| 50.00 05000 OPERATING ROOM   | 0                | C              | )             | 0 0   | 0               | 50.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                               | 0                | C              | )             | 0 0   | 0               | 52.00   |
| 53.00 05300 ANESTHESI OLOGY  | 0                | C              |               | 0 0   | 0               | 53.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                  | 0                | C              |               | 0 0   | 0               | 54.00   |
| 60. 00 06000 LABORATORY  | 0                | c c            |               | 0 0   | 0               | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                                    | 0                | C              |               | 0 0   | 0               | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                                       | 0                | C              |               | 0 0   | 0               | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    | 0                | C              |               | 0 0   | 0               | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0                | C              |               | 0 0   | 0               | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                                      | 0                | C C            |               | 0 0   | 0               | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                     | 0                | C              |               | 0 0   | 0               | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT                            | 0                | C              |               | 0 0   | 0               | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                | 0                | C              |               | 0 0   | 0               | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                                      |                  |                |               |   |                 |         |
| 90. 00 09000 CLI NI C  | 0                | C              | )             | 0 0   | 0               | 90.00   |
| 90. 01 09001 SENI OR CARE  | 0                | c c            |               | 0 0   | 0               | 90.01   |
| 90. 02 09002 GENERAL SURGERY   | 0                | c c            |               | 0 0   | 0               | 90. 02  |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE                           | 0                | c c            |               | 0 0   | 0               | 90.03   |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES                              | 0                | c c            |               | 0 0   | 0               | 90.04   |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE                           | 0                | c c            |               | 0 0   | 0               | 90.05   |
| 90. 06 09006 0BGYN - DR SAUER  | 0                | C              |               | 0 0   | 0               | 90.06   |
| 91. 00 09100 EMERGENCY   | 0                | C              |               | 0 0   | 0               | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                     | 0                |                |               | 0   | 0               | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                                      |                  |                |               |   |                 |         |
| 95. 00 09500 AMBULANCE SERVICES                                      |                  |                |               |   |                 | 95.00   |
| 200.00 Total (lines 50 through 199)                                  | 0                | C              |               | 0 0   | 0               | 200. 00 |
|  |                  |                |               |   |                 |         |

| Health Financial Systems   | HARRI SON COUN   | ITY HOSPI TAL |              | In Lie                           | eu of Form CMS-: | 2552-10         |
|--|------------------|---------------|--------------|----------------------------------|------------------|-----------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER                | RVICE OTHER PASS | S Provider C  | CN: 15-1331  | Peri od:                         | Worksheet D      |                 |
| THROUGH COSTS  |                  |               |              | From 01/01/2020<br>To 12/31/2020 |                  | narod           |
|  |                  |               |              | 10 12/31/2020                    | 6/28/2021 3:1    | 1 nm            |
|  |                  | Title         | e XVIII      | Hospi tal                        | Cost             | - <b>-</b>      |
| Cost Center Description  | All Other        | Total Cost    | Total        | Total Charges                    | Ratio of Cost    |                 |
|  | Medi cal         | (sum of cols. | Outpatient   | (from Wkst. C,                   |                  |                 |
|  | Education Cost   |               | Cost (sum o  |                                  | (col. 5 ÷ col.   |                 |
|  |                  | 4)            | col s. 2, 3, | 8)                               | 7)               |                 |
|  |                  |               | and 4)       |                                  | (see             |                 |
|  |                  |               |              |                                  | instructions)    |                 |
|  | 4.00             | 5.00          | 6.00         | 7.00                             | 8.00             |                 |
| ANCI LLARY SERVI CE COST CENTERS                                   |                  |               | 1            | 0 10 550 740                     | 0.00000          |                 |
| 50. 00 05000 OPERATING ROOM  | 0                | 0             |              | 0 13, 558, 713                   |                  |                 |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM                            | 0                | 0             |              | 0 0                              |                  | 52.00           |
| 53. 00 05300 ANESTHESI OLOGY                                       | 0                | 0             |              | 0 2, 684, 412                    |                  |                 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                               | 0                | 0             |              | 0 35, 950, 012                   |                  |                 |
| 60. 00 06000 LABORATORY  | 0                | 0             |              | 0 25, 164, 800                   |                  |                 |
| 65. 00 06500 RESPI RATORY THERAPY                                  | 0                | 0             |              | 0 2, 748, 572                    |                  |                 |
| 66.00 06600 PHYSI CAL THERAPY                                      | 0                | 0             |              | 0 2, 406, 276                    |                  |                 |
| 67.00 06700 OCCUPATI ONAL THERAPY                                  | 0                | 0             |              | 0 438, 581                       |                  |                 |
| 68. 00 06800 SPEECH PATHOLOGY                                      | 0                | 0             |              | 0 108, 419                       |                  |                 |
| 69. 00 06900 ELECTROCARDI OLOGY                                    | 0                | 0             |              | 0 8, 690, 399                    |                  |                 |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS                 | 0                | 0             |              | 0 4, 997, 241                    |                  |                 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT                          | 0                | 0             |              | 0 4, 108, 490                    |                  |                 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                              | 0                | 0             |              | 0 9, 569, 440                    | 0.000000         | 73.00           |
| OUTPATIENT SERVICE COST CENTERS                                    | 0                |               |              | 0 100 000                        | 0.000000         | 00.00           |
| 90. 00 09000 CLINIC  | 0                | 0             |              | 0 198, 392                       |                  |                 |
| 90. 01 09001 SENI OR CARE  | 0                | 0             |              | 0 308, 800                       |                  |                 |
| 90. 02 09002 GENERAL SURGERY                                       | 0                | 0             |              | 0 109, 147                       |                  |                 |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE                         | 0                | 0             |              | 0 658, 544                       |                  |                 |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES                            | 0                | 0             |              | 0 817,017                        |                  |                 |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE                         | 0                | 0             |              | 0 677, 115                       |                  |                 |
| 90. 06 09006 0BGYN - DR SAUER                                      | 0                | 0             |              | 0 147, 793                       |                  |                 |
| 91.00 09100 EMERGENCY  | 0                | 0             |              | 0 23, 301, 979                   |                  |                 |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)               | 0                |               | 1            | 0 1, 849, 761                    | 0.000000         | 92.00           |
| 0THER REIMBURSABLE COST CENTERS<br>95. 00 09500 AMBULANCE SERVICES |                  |               |              |                                  |                  | 95.00           |
| 200.00 Total (lines 50 through 199)                                | 0                | C             |              | 0 138, 493, 903                  |                  | 95.00<br>200.00 |
| 200.00   TOTAL (THES SO THIOUGH 199)                               | 0                | I U           | 1            | 0 130, 493, 903                  | I                | 200.00          |

| Health Financial Systems                            | HARRI SON COUNT  | Y HOSPI TAL |             | In Lie                           | eu of Form CMS-: | 2552-10 |
|---|------------------|-------------|-------------|----------------------------------|------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER | RVICE OTHER PASS | Provider CO | CN: 15-1331 | Peri od:                         | Worksheet D      |         |
| THROUGH COSTS                                       |                  |             |             | From 01/01/2020<br>To 12/31/2020 |                  | narod   |
|   |                  |             |             | 10 12/31/2020                    | 6/28/2021 3:1    |         |
|   |                  | Title       | XVIII       | Hospi tal                        | Cost             |         |
| Cost Center Description                             | Outpati ent      | Inpati ent  | I npati ent | Outpati ent                      | Outpati ent      |         |
|   | Ratio of Cost    | Program     | Program     | Program                          | Program          |         |
|   | to Charges       | Charges     | Pass-Throug |                                  | Pass-Through     |         |
|   | (col. 6 ÷ col.   |             | Costs (col. | 8                                | Costs (col. 9    |         |
|   | 7)               |             | x col. 10)  |                                  | x col. 12)       |         |
|   | 9.00             | 10.00       | 11.00       | 12.00                            | 13.00            |         |
| ANCI LLARY SERVI CE COST CENTERS                    |                  |             |             |                                  |                  |         |
| 50.00 05000 OPERATI NG ROOM                         | 0. 000000        | 686, 872    |             | 0 0                              | -                | 50.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM              | 0. 000000        | 0           |             | 0 0                              | 0                | 52.00   |
| 53. 00 05300 ANESTHESI OLOGY                        | 0. 000000        | 129, 255    |             | 0 0                              | 0                | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 0. 000000        | 493, 041    |             | 0 0                              | 0                | 54.00   |
| 60. 00 06000 LABORATORY                             | 0. 000000        | 1, 185, 345 |             | 0 0                              | 0                | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                   | 0. 000000        | 999, 600    |             | 0 0                              | 0                | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0. 000000        | 346, 516    |             | 0 0                              | 0                | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0. 000000        | 138, 825    |             | 0 0                              | 0                | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 0. 000000        | 4, 640      |             | 0 0                              | 0                | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 000000        | 274, 378    |             | 0 0                              | 0                | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 0. 000000        | 927, 833    |             | 0 0                              | 0                | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT           | 0.000000         | 748, 241    |             | 0 0                              | 0                | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0. 000000        | 927, 285    |             | 0 0                              | 0                | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                     |                  |             |             |                                  |                  |         |
| 90. 00 09000 CLI NI C                               | 0. 000000        | 0           |             | 0 0                              | 0                | 90.00   |
| 90. 01 09001 SENI OR CARE                           | 0. 000000        | 0           |             | 0 0                              | 0                | 90.01   |
| 90. 02 09002 GENERAL SURGERY                        | 0.000000         | 0           |             | 0 0                              | 0                | 90.02   |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE          | 0. 000000        | 0           |             | 0 0                              | 0                | 90.03   |
| 90. 04 09004 CORYDON MEDI CAL ASSOCI ATES           | 0. 000000        | 0           |             | 0 0                              | 0                | 90.04   |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE          | 0. 000000        | 0           |             | 0 0                              | 0                | 90.05   |
| 90. 06 09006 0BGYN - DR SAUER                       | 0. 000000        | 0           |             | 0 0                              | 0                | 90.06   |
| 91.00 09100 EMERGENCY                               | 0. 000000        | 16, 789     |             | 0 0                              | 0                | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 0. 000000        | 0           |             | 0 0                              | 0                | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                     |                  |             |             |                                  |                  | 1       |
| 95. 00 09500 AMBULANCE SERVICES                     |                  |             |             |                                  |                  | 95.00   |
| 200.00 Total (lines 50 through 199)                 |                  | 6, 878, 620 |             | 0 0                              | 0                | 200.00  |
|   |                  |             |             |                                  |                  | •       |

| Health Financial Systems                           | HARRI SON COUN |                |              |                                  | u of Form CMS-2         | 2552-10 |
|--|----------------|----------------|--------------|----------------------------------|-------------------------|---------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN | D VACCINE COST | Provider C     |              | Period:                          | Worksheet D             |         |
|  |                |                |              | From 01/01/2020<br>To 12/31/2020 | Part V<br>Date/Time Pre | narad   |
|  |                |                |              | 10 12/31/2020                    | 6/28/2021 3:1           |         |
|  |                | Title          | XVIII        | Hospi tal                        | Cost                    |         |
|  |                |                | Charges      |                                  | Costs                   |         |
| Cost Center Description                            | Cost to Charge | PPS Reimbursed | Cost         | Cost                             | PPS Services            |         |
|  |                | Services (see  | Reimbursed   | Reimbursed                       | (see inst.)             |         |
|  | Worksheet C,   | inst.)         | Servi ces    | Services Not                     |                         |         |
|  | Part I, col. 9 |                | Subject To   | Subject To                       |                         |         |
|  |                |                | Ded. & Coins | Ded. & Coins.                    |                         |         |
|  |                |                | (see inst.)  | (see inst.)                      |                         |         |
|  | 1.00           | 2.00           | 3.00         | 4.00                             | 5.00                    |         |
| ANCI LLARY SERVI CE COST CENTERS                   |                |                |              |                                  |                         |         |
| 50.00 05000 OPERATING ROOM                         | 0. 247738      | 0              | 2, 434, 13   | 0 0                              | 0                       |         |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM             | 0. 000000      | 0              |              | 0 0                              | 0                       | 52.00   |
| 53. 00 05300 ANESTHESI OLOGY                       | 0. 026852      | 0              | 394, 38      | 1 0                              | 0                       | 53.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                | 0. 099891      | 0              | 10, 303, 40  | 5 0                              | 0                       | 54.00   |
| 60. 00 06000 LABORATORY                            | 0. 143365      | 0              | 5, 434, 05   | 0 0                              | 0                       | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                  | 0. 250530      | 0              | 379, 65      | 6 0                              | 0                       | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                     | 0. 286516      | 0              | 441, 19      | 2 0                              | 0                       | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                  | 0. 183891      | 0              | 34, 50       | 8 0                              | 0                       | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                       | 0. 072303      | 0              | 7,67         | 5 0                              | 0                       | 68.00   |
| 69.00 06900 ELECTROCARDI OLOGY                     | 0. 120983      | 0              | 2, 766, 52   |                                  | 0                       | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0. 528131      | 0              | 812, 34      |                                  | 0                       | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT          | 0. 424922      | 0              | 445, 06      |                                  | 0                       | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS              | 0. 364417      | 0              |              |                                  | 0                       | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                    |                |                |              |                                  |                         |         |
| 90. 00 09000 CLI NI C                              | 0. 574983      | 0              | 39, 30       | 1 0                              | 0                       | 90.00   |
| 90. 01 09001 SENI OR CARE                          | 1. 071438      | 0              | 225, 45      | 4 0                              | 0                       | 90.01   |
| 90. 02 09002 GENERAL SURGERY                       | 3. 648941      | 0              | 3, 46        | 4 0                              | 0                       | 90.02   |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE         | 0. 932937      | 0              | 12, 32       | 7 830                            | 0                       | 90.03   |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES            | 0. 556427      | 0              | 13,06        |                                  | 0                       | 90.04   |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE         | 0. 913628      | 0              | 35, 46       | 1 0                              | 0                       | 90.05   |
| 90. 06 09006 0BGYN - DR SAUER                      | 1. 525600      | 0              | 3, 40        | 0 1, 081                         | 0                       | 90.06   |
| 91. 00 09100 EMERGENCY                             | 0. 177990      | 0              | 5, 781, 04   |                                  | 0                       | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 1. 179862      | 0              | 721, 34      |                                  | 0                       | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                    |                |                |              |                                  |                         |         |
| 95.00 09500 AMBULANCE SERVI CES                    | 0. 436805      |                |              | 0                                |                         | 95.00   |
| 200.00 Subtotal (see instructions)                 |                | 0              | 34, 620, 62  | 3 52, 770                        | 0                       | 200.00  |
| 201.00 Less PBP Clinic Lab. Services-Program       |                |                |              | 0 0                              |                         | 201.00  |
| Only Charges                                       |                |                |              |                                  |                         |         |
| 202.00 Net Charges (line 200 - line 201)           |                | 0              | 34, 620, 62  | 3 52, 770                        | 0                       | 202.00  |

| Heal th | Financial Systems                             | HARRI SON COUN      | TY HOSPI TAL        |             | In Lie                     | u of Form CMS-          | 2552-10 |
|---------|---|---------------------|---------------------|-------------|----------------------------|-------------------------|---------|
| APPORT  | IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST        | Provider C          | CN: 15-1331 | Period:<br>From 01/01/2020 | Worksheet D             |         |
|         |   |                     |                     |             | To 12/31/2020              | Part V<br>Date/Time Pre | epared: |
|         |   |                     |                     |             |                            | 6/28/2021 3:            |         |
|         |   |                     |                     | XVIII       | Hospi tal                  | Cost                    |         |
|         |   |                     | sts                 | -           |                            |                         |         |
|         | Cost Center Description                       | Cost                | Cost                |             |                            |                         |         |
|         |   | Reimbursed          | Reimbursed          |             |                            |                         |         |
|         |   | Servi ces           | Services Not        |             |                            |                         |         |
|         |   | Subject To          | Subject To          |             |                            |                         |         |
|         |   | Ded. & Coins.       | Ded. & Coins.       |             |                            |                         |         |
|         |   | (see inst.)<br>6.00 | (see inst.)<br>7.00 | -           |                            |                         |         |
|         | ANCI LLARY SERVI CE COST CENTERS              | 0.00                | 7.00                |             |                            |                         | -       |
| 50.00   | 05000 OPERATI NG ROOM                         | 603, 026            | 0                   |             |                            |                         | 50.00   |
|         | 05200 DELIVERY ROOM & LABOR ROOM              | 000,020             | 0                   |             |                            |                         | 52.00   |
|         | 05300 ANESTHESI OLOGY                         | 10, 590             | 0                   |             |                            |                         | 53.00   |
|         | 05400 RADI OLOGY-DI AGNOSTI C                 | 1, 029, 217         | 0                   |             |                            |                         | 54.00   |
|         | 06000 LABORATORY                              | 779, 053            |                     |             |                            |                         | 60.00   |
|         | 06500 RESPIRATORY THERAPY                     | 95, 115             | 0                   |             |                            |                         | 65.00   |
|         | 06600 PHYSI CAL THERAPY                       | 126, 409            |                     |             |                            |                         | 66.00   |
|         | 06700 OCCUPATI ONAL THERAPY                   | 6, 346              | 0                   |             |                            |                         | 67.00   |
|         | 06800 SPEECH PATHOLOGY                        | 555                 |                     |             |                            |                         | 68.00   |
|         | 06900 ELECTROCARDI OLOGY                      | 334, 702            |                     |             |                            |                         | 69.00   |
|         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 429, 022            | 0                   |             |                            |                         | 71.00   |
|         | 07200 I MPL. DEV. CHARGED TO PATIENT          | 189, 117            | 0                   |             |                            |                         | 72.00   |
|         | 07300 DRUGS CHARGED TO PATIENTS               | 1, 578, 958         | -                   |             |                            |                         | 73.00   |
| 70.00   | OUTPATIENT SERVICE COST CENTERS               | 1,010,100           | 11,011              | 1           |                            |                         | / 0.00  |
| 90.00   | 09000 CLINIC                                  | 22, 597             | 0                   |             |                            |                         | 90.00   |
|         | 09001 SENI OR CARE                            | 241, 560            | 0                   |             |                            |                         | 90.01   |
|         | 09002 GENERAL SURGERY                         | 12, 640             | 0                   |             |                            |                         | 90.02   |
|         | 09003 HARRI SON CRAWFORD HEALTHCARE           | 11, 500             | 774                 | •           |                            |                         | 90.03   |
|         | 09004 CORYDON MEDICAL ASSOCIATES              | 7, 271              | 450                 |             |                            |                         | 90.04   |
|         | 09005 ORTHOPEDIC SURGERY - DR KLINE           | 32, 398             | 0                   | •           |                            |                         | 90.05   |
|         | 09006 OBGYN - DR SAUER                        | 5, 187              | 1, 649              |             |                            |                         | 90.06   |
|         | 09100 EMERGENCY                               | 1,028,969           |                     | 1           |                            |                         | 91.00   |
| 92.00   | 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 851,085             | 0                   | 1           |                            |                         | 92.00   |
|         | OTHER REIMBURSABLE COST CENTERS               |                     |                     |             |                            |                         |         |
| 95.00   | 09500 AMBULANCE SERVICES                      | 0                   |                     |             |                            |                         | 95.00   |
| 200.00  | Subtotal (see instructions)                   | 7, 395, 317         | 18, 950             |             |                            |                         | 200.00  |
| 201.00  | Less PBP Clinic Lab. Services-Program         | 0                   |                     |             |                            |                         | 201.00  |
|         | Only Charges                                  |                     |                     |             |                            |                         |         |
| 202.00  | Net Charges (line 200 - line 201)             | 7, 395, 317         | 18, 950             |             |                            |                         | 202.00  |

| Health Financial Systems                            | HARRI SON COUN |                |              | In Lie                           | u of Form CMS-2                | 2552-10  |
|---|----------------|----------------|--------------|----------------------------------|--------------------------------|----------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST   | Provider C     |              | Period:                          | Worksheet D                    |          |
|   |                |                |              | From 01/01/2020<br>To 12/31/2020 | Part V                         | narad    |
|   |                |                |              | 10 12/31/2020                    | Date/Time Pre<br>6/28/2021 3:1 |          |
|   |                | Titl           | e XIX        | Hospi tal                        | Cost                           | <u> </u> |
|   |                |                | Charges      |                                  | Costs                          |          |
| Cost Center Description                             | Cost to Charge | PPS Reimbursed | Cost         | Cost                             | PPS Services                   |          |
|   | Ratio From     | Services (see  | Reimbursed   | Reimbursed                       | (see inst.)                    |          |
|   | Worksheet C,   | inst.)         | Servi ces    | Services Not                     |                                |          |
|   | Part I, col. 9 |                | Subject To   | Subject To                       |                                |          |
|   |                |                | Ded. & Coins | Ded. & Coins.                    |                                |          |
|   |                |                | (see inst.)  | (see inst.)                      |                                |          |
|   | 1.00           | 2.00           | 3.00         | 4.00                             | 5.00                           |          |
| ANCI LLARY SERVI CE COST CENTERS                    | 1              |                |              |                                  |                                |          |
| 50.00 05000 OPERATI NG ROOM                         | 0. 247738      |                |              |                                  | 0                              | 50.00    |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM              | 0. 000000      | 0              |              | 0 0                              | 0                              | 52.00    |
| 53. 00 05300 ANESTHESI OLOGY                        | 0. 026852      | 0              | 138, 31      |                                  | 0                              | 53.00    |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 0. 099891      | 0              | 853, 09      |                                  | 0                              | 54.00    |
| 60. 00 06000 LABORATORY                             | 0. 143365      | 0              | 538, 42      | 8 0                              | 0                              | 60.00    |
| 65. 00 06500 RESPI RATORY THERAPY                   | 0. 250530      | 0              | 11, 15       | 8 0                              | 0                              | 65.00    |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0. 286516      | 0              | 5, 98        | 4 0                              | 0                              | 66.00    |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0. 183891      | 0              |              | 0 0                              | 0                              | 67.00    |
| 68.00 06800 SPEECH PATHOLOGY                        | 0. 072303      | 0              |              | 0 0                              | 0                              | 68.00    |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 120983      | 0              | 106, 37      | 2 0                              | 0                              | 69.00    |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 0. 528131      | 0              | 86, 18       | 4 0                              | 0                              | 71.00    |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT           | 0. 424922      | 0              |              | 0 0                              | 0                              | 72.00    |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0. 364417      | 0              | 73, 00       | 5 0                              | 0                              | 73.00    |
| OUTPATIENT SERVICE COST CENTERS                     |                |                |              |                                  |                                |          |
| 90. 00 09000 CLINIC                                 | 0. 574983      | 0              | 3, 30        | 2 0                              | 0                              | 90.00    |
| 90. 01 09001 SENI OR CARE                           | 1.071438       | 0              |              | 0 0                              | 0                              | 90.01    |
| 90. 02 09002 GENERAL SURGERY                        | 3. 648941      | 0              | 10, 13       | 6 0                              | 0                              | 90.02    |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE          | 0. 932937      | 0              | 13, 09       | 0 0                              | 0                              | 90.03    |
| 90.04 09004 CORYDON MEDICAL ASSOCIATES              | 0. 556427      | 0              | 4, 45        | 9 0                              | 0                              | 90.04    |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE          | 0. 913628      | 0              | 40, 04       | 6 0                              | 0                              | 90.05    |
| 90. 06 09006 OBGYN - DR SAUER                       | 1. 525600      | 0              | 98, 80       | 6 0                              | 0                              | 90.06    |
| 91.00 09100 EMERGENCY                               | 0. 177990      | 0              | 828, 24      | 6 0                              | 0                              | 91.00    |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 1. 179862      | 0              |              | 0 0                              | 0                              | 92.00    |
| OTHER REIMBURSABLE COST CENTERS                     |                |                | _            |                                  |                                |          |
| 95. 00 09500 AMBULANCE SERVICES                     | 0. 436805      | 0              | 285, 23      | 9                                |                                | 95.00    |
| 200.00 Subtotal (see instructions)                  |                | 0              | 3, 275, 38   | 6 0                              | 0                              | 200. 00  |
| 201.00 Less PBP Clinic Lab. Services-Program        |                |                |              | 0 0                              |                                | 201.00   |
| Only Charges  |                |                |              |                                  |                                |          |
| 202.00 Net Charges (line 200 - line 201)            |                | 0              | 3, 275, 38   | 6 0                              | 0                              | 202.00   |

| Health Financial Systems                         | HARRI SON COUN   |               |             | In Lie                     | u of Form CMS-          | -2552-10 |
|--|------------------|---------------|-------------|----------------------------|-------------------------|----------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES  | AND VACCINE COST | Provider CO   | CN: 15-1331 | Period:<br>From 01/01/2020 | Worksheet D             |          |
|  |                  |               |             | To 12/31/2020              | Part V<br>Date/Time Pre | enared   |
|  |                  |               |             | 10 12/01/2020              | 6/28/2021 3:            |          |
|  |                  | Ti tl         | e XIX       | Hospi tal                  | Cost                    |          |
|  | Cos              |               |             |                            |                         |          |
| Cost Center Description                          | Cost             | Cost          |             |                            |                         |          |
|  | Reimbursed       | Reimbursed    |             |                            |                         |          |
|  | Servi ces        | Services Not  |             |                            |                         |          |
|  | Subject To       | Subject To    |             |                            |                         |          |
|  | Ded. & Coins.    | Ded. & Coins. |             |                            |                         |          |
|  | (see inst.)      | (see inst.)   |             |                            |                         |          |
|  | 6.00             | 7.00          |             |                            |                         |          |
| ANCI LLARY SERVI CE COST CENTERS                 | 44.475           |               |             |                            |                         |          |
| 50. 00 05000 OPERATING ROOM                      | 44, 475          | 0             |             |                            |                         | 50.00    |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM           | 0                | 0             |             |                            |                         | 52.00    |
| 53. 00 05300 ANESTHESI OLOGY                     | 3, 714           | 0             |             |                            |                         | 53.00    |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C              | 85, 217          | 0             |             |                            |                         | 54.00    |
| 60. 00 06000 LABORATORY                          | 77, 192          | 0             |             |                            |                         | 60.00    |
| 65. 00 06500 RESPI RATORY THERAPY                | 2, 795           | 0             |             |                            |                         | 65.00    |
| 66. 00 06600 PHYSI CAL THERAPY                   | 1, 715           | 0             |             |                            |                         | 66.00    |
| 67.00 06700 OCCUPATI ONAL THERAPY                | 0                | 0             |             |                            |                         | 67.00    |
| 68.00 06800 SPEECH PATHOLOGY                     | 0                | 0             |             |                            |                         | 68.00    |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 12, 869          | 0             |             |                            |                         | 69.00    |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | S 45, 516        | 0             |             |                            |                         | 71.00    |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 0                | 0             |             |                            |                         | 72.00    |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 26, 604          | 0             |             |                            |                         | 73.00    |
| OUTPATIENT SERVICE COST CENTERS                  |                  |               |             |                            |                         |          |
| 90. 00 09000 CLINIC                              | 1, 899           | 0             |             |                            |                         | 90.00    |
| 90. 01 09001 SENI OR CARE                        | 0                | 0             |             |                            |                         | 90.0     |
| 90. 02 09002 GENERAL SURGERY                     | 36, 986          | 0             |             |                            |                         | 90.02    |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE       | 12, 212          | 0             |             |                            |                         | 90.03    |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES          | 2, 481           | 0             |             |                            |                         | 90.04    |
| 90.05 09005 ORTHOPEDIC SURGERY - DR KLINE        | 36, 587          | 0             |             |                            |                         | 90.05    |
| 90. 06 09006 0BGYN - DR SAUER                    | 150, 738         | 0             |             |                            |                         | 90.00    |
| 91.00 09100 EMERGENCY                            | 147, 420         | 0             |             |                            |                         | 91.00    |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART  | ) 0              | 0             |             |                            |                         | 92.00    |
| OTHER REIMBURSABLE COST CENTERS                  |                  |               |             |                            |                         |          |
| 95. 00 09500 AMBULANCE SERVICES                  | 124, 594         |               |             |                            |                         | 95.00    |
| 200.00 Subtotal (see instructions)               | 813, 014         | 0             |             |                            |                         | 200.00   |
| 201.00 Less PBP Clinic Lab. Services-Progra      |                  |               |             |                            |                         | 201.00   |
| Only Charges                                     |                  |               |             |                            |                         |          |
| 202.00 Net Charges (line 200 - line 201)         | 813, 014         | 0             |             |                            |                         | 202.00   |

|  | Financial Systems HARRISON COUNTY<br>TATION OF INPATIENT OPERATING COST   | Provider CCN: 15-1331  | Peri od:                         | u of Form CMS-2<br>Worksheet D-1              |                                 |
|--|---|--|----------------------------------|---|---------------------------------|
|  |   |  | From 01/01/2020<br>To 12/31/2020 |   |                                 |
|  |   |  |                                  | 6/28/2021 3:1                                 |                                 |
|  | Cost Center Description   | Title XVIII  | Hospi tal                        | Cost  |                                 |
|  |   |  |                                  | 1.00  |                                 |
|  | PART I - ALL PROVIDER COMPONENTS  |  |                                  |   | -                               |
| . 00   | INPATIENT DAYS<br>Inpatient days (including private room days and swing-bed day   | vs. excluding newborn)   |                                  | 4, 439  | 1 1.                            |
| . 00   | Inpatient days (including private room days, excluding swing-   |  |                                  | 4, 214  | 2.                              |
| . 00   | Private room days (excluding swing-bed and observation bed da   | ays). If you have only pr  | rivate room days,                | 0   | 3.                              |
| . 00   | do not complete this line.<br>Semi-private room days (excluding swing-bed and observation b   | bed days)  |                                  | 3, 246  | 4.                              |
| . 00   | Total swing-bed SNF type inpatient days (including private ro   | 5 7  | er 31 of the cost                | 225   |                                 |
| . 00   | reporting period<br>Total swing-bed SNF type inpatient days (including private ro   | oom dave) after December   | 21 of the cost                   | 0   | 6.                              |
| . 00   | reporting period (if calendar year, enter 0 on this line)   | oom days) arter becember   | ST OF THE COST                   | 0   | 0.                              |
| . 00   | Total swing-bed NF type inpatient days (including private roo   | om days) through December  | 31 of the cost                   | 0   | 7.                              |
| . 00   | reporting period<br>Total swing-bed NF type inpatient days (including private roo   | om davs) after December 3  | 1 of the cost                    | 0   | 8.                              |
| . 00   | reporting period (if calendar year, enter 0 on this line)   | on days, arter becenber e  |                                  | 0   | 0.                              |
| . 00   | Total inpatient days including private room days applicable t   | to the Program (excluding  | g swing-bed and                  | 1, 325  | 9.                              |
| 0. 00  | newborn days) (see instructions)<br>Swing-bed SNF type inpatient days applicable to title XVIII of  | onlv (including private r  | oom davs)                        | 225   | 10.                             |
|  | through December 31 of the cost reporting period (see instruct  | ctions)  |                                  |   |                                 |
| 1. 00  | Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, et al. 1997)   |  | room days) after                 | 0   | 11.                             |
| 2. 00  | Swing-bed NF type inpatient days applicable to titles V or XI   |  | e room days)                     | 0   | 12.                             |
|  | through December 31 of the cost reporting period  |  |                                  |   | 10                              |
| 3. 00  | Swing-bed NF type inpatient days applicable to titles V or XI<br>after December 31 of the cost reporting period (if calendary   |  |                                  | 0   | 13.                             |
| 4.00   | Medically necessary private room days applicable to the Progr   |  |                                  | 0   | 14.                             |
| 5.00   | Total nursery days (title V or XIX only)  |  |                                  | 0   |                                 |
| 6. 00  | Nursery days (title V or XIX only) SWING BED ADJUSTMENT   |  |                                  | 0   | 16.                             |
| 7.00   | Medicare rate for swing-bed SNF services applicable to service  | ces through December 31 c  | of the cost                      |   | 17.                             |
| 8. 00  | reporting period<br>Medicare rate for swing-bed SNF services applicable to service  | ces after December 31 of   | the cost                         |   | 18.                             |
| 5.00   | reporting period  | ces arter becember 51 01   | the cost                         |   | 10.                             |
| 9.00   | Medicaid rate for swing-bed NF services applicable to service   | es through December 31 of  | f the cost                       | 118.90  | 19.                             |
| D. 00  | reporting period<br>Medicaid rate for swing-bed NF services applicable to service   | es after December 31 of t  | he cost                          | 118.90  | 20.                             |
|  | reporting period  |  |                                  |   |                                 |
| 1.00<br>2.00   | Total general inpatient routine service cost (see instruction<br>Swing-bed cost applicable to SNF type services through Decemb  | 2  | ing pariod (line)                | 10, 008, 229<br>0                             | 21.<br>22.                      |
| 2.00   | 5 x line 17)  | bel 31 01 the cost report  |                                  | 0   | 22.                             |
| 3. 00  | Swing-bed cost applicable to SNF type services after December   | r 31 of the cost reportir  | ng period (line 6                | 0   | 23.                             |
| 4 00   | x line 18)<br>Swing-bed cost applicable to NF type services through Decembe   | er 31 of the cost reporti  | ng period (line                  | 0   | 24.                             |
|  | 7 x line 19)  |  | 0 1 1                            |   |                                 |
| 5.00   | Swing-bed cost applicable to NF type services after December x line 20)   | 31 of the cost reporting   | period (line 8                   | 0   | 25.                             |
| 6. 00  | Total swing-bed cost (see instructions)   |  |                                  | 507, 287                                      | 26.                             |
| 7.00   | General inpatient routine service cost net of swing-bed cost  | (line 21 minus line 26)  |                                  | 9, 500, 942                                   | 27.                             |
| 8 00   | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT<br>General inpatient routine service charges (excluding swing-be   | ed and observation bed ch  | arges)                           | 0   | 28.                             |
|  | Private room charges (excluding swing-bed charges)  |  | lai ges)                         | 0   | 20.                             |
| 9.00   | Semi-private room charges (excluding swing-bed charges)   |  |                                  | 0   |                                 |
| 0. 00  |   | ÷line 28)  |                                  | 0. 000000<br>0. 00                            |                                 |
| 0.00<br>1.00   | General inpatient routine service cost/charge ratio (line 27<br>Average private room per diem charge (line $29 \pm 1$ line 3)   |  |                                  |   |                                 |
| 0.00<br>1.00<br>2.00   | General inpatient routine service cost/charge ratio (line 27<br>Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)   |  |                                  | 0.00  | 33.                             |
| 0.00<br>1.00<br>2.00<br>3.00<br>4.00                         | Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)<br>Average per diem private room charge differential (line 32 mi  |  | ctions)                          | 0.00<br>0.00                                  | 34.                             |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00                         | Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)<br>Average per diem private room charge differential (line 32 mi<br>Average per diem private room cost differential (line 34 x li   |  | ctions)                          | 0.00<br>0.00<br>0.00                          | 34.<br>35.                      |
| 0.00<br>1.00<br>2.00<br>3.00<br>4.00                         | Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)<br>Average per diem private room charge differential (line 32 mi  | ine 31)  |                                  | 0.00<br>0.00                                  | 34.<br>35.<br>36.               |
| 0.00<br>1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00         | Average private room per diem charge (line $29 \div$ line 3)<br>Average semi-private room per diem charge (line $30 \div$ line 4)<br>Average per diem private room charge differential (line $32$ mi<br>Average per diem private room cost differential (line $34 \times$ li<br>Private room cost differential adjustment (line $3 \times$ line $35$ )<br>General inpatient routine service cost net of swing-bed cost<br>27 minus line $36$ )  | ine 31)  |                                  | 0.00<br>0.00<br>0.00<br>0                     | 34.<br>35.<br>36.               |
| 0.00<br>1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00         | Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)<br>Average per diem private room charge differential (line 32 mi<br>Average per diem private room cost differential (line 34 x li<br>Private room cost differential adjustment (line 3 x line 35)<br>General inpatient routine service cost net of swing-bed cost<br>27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  | ine 31)<br>and private room cost di  |                                  | 0.00<br>0.00<br>0.00<br>0                     | 34.<br>35.<br>36.               |
| 0.00<br>1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00 | Average private room per diem charge (line $29 \div$ line 3)<br>Average semi-private room per diem charge (line $30 \div$ line 4)<br>Average per diem private room charge differential (line $32$ mi<br>Average per diem private room cost differential (line $34 \times$ li<br>Private room cost differential adjustment (line $3 \times$ line $35$ )<br>General inpatient routine service cost net of swing-bed cost<br>27 minus line $36$ )  | ine 31)<br>and private room cost di<br>JUSTMENTS                             |                                  | 0.00<br>0.00<br>0.00<br>9,500,942<br>2,254.61 | 34.<br>35.<br>36.<br>37.<br>38. |
| 0.00<br>1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00         | Average private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4)<br>Average per diem private room charge differential (line 32 mi<br>Average per diem private room cost differential (line 34 x li<br>Private room cost differential adjustment (line 3 x line 35)<br>General inpatient routine service cost net of swing-bed cost<br>27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY<br>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD. | ine 31)<br>and private room cost di<br>JUSTMENTS<br>e instructions)<br>e 38) |                                  | 0.00<br>0.00<br>0.00<br>9,500,942             | 34.<br>35.<br>36.<br>37.<br>38. |

| OMPUTATION C          | ial Systems<br>F INPATIENT OPERATING COST  | HARRISON COUNT           | Provider C             | CN: 15-1331                            | Period:<br>From 01/01/2020 | worksheet D-1                        |       |
|-----------------------|--|--------------------------|------------------------|--|----------------------------|--------------------------------------|-------|
|                       |  |                          |                        |  | To 12/31/2020              |                                      |       |
|                       |  |                          | Title                  | XVIII                                  | Hospi tal                  | 6/28/2021 3:1<br>Cost                | трш   |
| (                     | Cost Center Description  | Total<br>Inpatient Costl | Total<br>npatient Days | Average Per<br>Diem (col. 1<br>col. 2) | Program Days               | Program Cost<br>(col. 3 x col.<br>4) |       |
|                       |  | 1.00                     | 2.00                   | 3.00                                   | 4.00                       | 5.00                                 |       |
|                       | Y (title V & XIX only)   | 0                        | 0                      | 0.0                                    | 0 0                        | 0                                    | 42. ( |
|                       | ve Care Type Inpatient Hospital Units<br>IVE CARE UNIT                             | 971,059                  | 424                    | 2, 290. 2                              | 193                        | 442.014                              | 43.   |
|                       | RY CARE UNIT   | //1,00/                  | 727                    | 2,270.2                                | .5 175                     | 442,014                              | 44.   |
|                       | NTENSIVE CARE UNIT   |                          |                        |  |                            |                                      | 45.   |
| 6. 00 SURGI C         | AL INTENSIVE CARE UNIT   |                          |                        |  |                            |                                      | 46.   |
|                       | SPECIAL CARE (SPECIFY)   |                          |                        |  |                            |                                      | 47.   |
| (                     | Cost Center Description  |                          |                        |  |                            | 1.00                                 |       |
| 3.00 Progra           | m inpatient ancillary service cost (Wk   | st. D-3, col. 3,         | line 200)              |  |                            | 1, 950, 460                          | 48.   |
|                       | Program inpatient costs (sum of lines  | 41 through 48)(s         | see instructio         | ns)                                    |                            | 5, 379, 832                          | 49.   |
|                       | ROUGH COST ADJUSTMENTS   |                          |                        |  |                            |                                      | 1     |
| 0.00  Pass t<br>    ) | hrough costs applicable to Program inpa  | atient routine s         | services (from         | Wkst. D, sum                           | of Parts I and             | 0                                    | 50.   |
|                       | hrough costs applicable to Program inp   | atient ancillary         | v services (fr         | om Wkst. D. s                          | um of Parts II             | 0                                    | 51.   |
| and IV                | <b>o</b> 11  | 2                        |                        |  |                            |                                      |       |
|                       | Program excludable cost (sum of lines !  |                          |                        |  |                            | 0                                    |       |
|                       | Program inpatient operating cost exclud<br>L education costs (line 49 minus line ! |                          | ated, non-phy          | sician anestr                          | etist, and                 | 0                                    | 53.   |
|                       | AMOUNT AND LIMIT COMPUTATION   | 52)                      |                        |  |                            | L                                    |       |
|                       | m di scharges  |                          |                        |  |                            | 0                                    | 54.   |
| 5                     | amount per discharge   |                          |                        |  |                            | 0.00                                 |       |
|                       | amount (line 54 x line 55)   | ing post and tak         | and amount ()          | ing E( minug                           | Line E2)                   | 0                                    |       |
|                       | ence between adjusted inpatient operation payment (see instructions)               | ing cost and tar         | get amount (i          | The so minus                           | TThe 53)                   | 0                                    |       |
|                       | of lines 53/54 or 55 from the cost re  | porting period e         | ending 1996, u         | pdated and co                          | mpounded by the            |                                      |       |
|                       | basket   | 01                       | 0                      |  |                            |                                      |       |
|                       | of lines 53/54 or 55 from prior year   |                          |                        |  | * h = = *                  | 0.00                                 |       |
|                       | e 53/54 is less than the lower of line<br>operating costs (line 53) are less tha   |                          |                        |  |                            | 0                                    | 61.   |
|                       | (line 56), otherwise enter zero (see   |                          | 5 (11165 54 X          | 00), 01 1% 01                          | the target                 |                                      |       |
|                       | payment (see instructions)   |                          |                        |  |                            | 0                                    |       |
|                       | ble Inpatient cost plus incentive paym   | ent (see instruc         | ctions)                |  |                            | 0                                    | 63.   |
|                       | / INPATIENT ROUTINE SWING BED COST<br>re swing-bed SNF inpatient routine cos       | ts through Decem         | mber 31 of the         | cost reporti                           | ng period (See             | 507, 287                             | 64.   |
|                       | ctions)(title XVIII only)  | to the ought booon       |                        | 00000 10000 11                         | ng por loa (ooo            | 0077207                              |       |
|                       | re swing-bed SNF inpatient routine cos   | ts after Decembe         | er 31 of the c         | ost reporting                          | period (See                | 0                                    | 65.   |
|                       | ctions)(title XVIII only)<br>Medicara swing bod SNE inpatient routiu               | no coste (lino 4         | 4 plus lips 4          |  |                            | 507, 287                             | 66.   |
|                       | Medicare swing-bed SNF inpatient routine<br>ee instructions)                       |                          | 54 prus rine o         | 5)(title xiii                          | i oniy). Toi               | 507,287                              | 00.   |
|                       | V or XIX swing-bed NF inpatient routine  | e costs through          | December 31 c          | f the cost re                          | porting period             | 0                                    | 67.   |
| (line                 | 12 x line 19)  |                          |                        |  |                            |                                      |       |
|                       | V or XIX swing-bed NF inpatient routin<br>13 x line 20)                            | e costs after De         | ecember 31 of          | the cost repo                          | rting period               | 0                                    | 68.   |
|                       | title V or XIX swing-bed NF inpatient  | routine costs (I         | ine 67 + line          | 68)                                    |                            | 0                                    | 69.   |
|                       | I - SKILLED NURSING FACILITY, OTHER NU   |                          |                        |  |                            |                                      |       |
|                       | d nursing facility/other nursing facil   | 5                        |                        | . ,                                    |                            |                                      | 70.   |
|                       | ed general inpatient routine service of  |                          | ne 70 ÷ líne           | 2)                                     |                            |                                      | 71.   |
| 5                     | m routine service cost (line 9 x line )<br>Ily necessary private room cost applica |                          | (line 14 x li          | ne 35)                                 |                            |                                      | 73.   |
|                       | Program general inpatient routine serv   |                          |                        |  |                            |                                      | 74.   |
| 5.00 Capita           | I-related cost allocated to inpatient  | routine service          | costs (from W          | orksheet B, F                          | art II, column             |                                      | 75.   |
| 26, li<br>6.00 Per di | ne 45)<br>em capital-related costs (line 75 ÷ li                                   | 20 2)                    |                        |  |                            |                                      | 71    |
|                       | m capital-related costs (line 9 x line   |                          |                        |  |                            |                                      | 76.   |
| 0                     | ent routine service cost (line 74 minu:  |                          |                        |  |                            |                                      | 78.   |
| 0.00 Aggreg           | ate charges to beneficiaries for exces   | s costs (from pr         | rovi der record        | s)                                     |                            |                                      | 79.   |
|                       | Program routine service costs for compared   |                          | ost limitation         | (line 78 mir                           | us line 79)                |                                      | 80.   |
|                       | ent routine service cost per diem limi<br>ent routine service cost limitation (l   |                          | ,                      |  |                            |                                      | 81.   |
|                       | able inpatient routine service costs (   |                          |                        |  |                            |                                      | 82.   |
|                       | m inpatient ancillary services (see in   |                          | /                      |  |                            |                                      | 84.   |
| 5.00 Utiliz           | ation review - physician compensation  | (see instruction         |                        |  |                            |                                      | 85.   |
|                       | Program inpatient operating costs (sum   |                          | rough 85)              |  |                            |                                      | 86.   |
|                       | / - COMPUTATION OF OBSERVATION BED PASS<br>observation bed days (see instructions  |                          |                        |  |                            | 968                                  | 87.   |
|                       | ed general inpatient routine cost per  |                          | line 2)                |  |                            | 2, 254. 61                           |       |
|                       |  |                          |                        |  |                            |                                      |       |

| Health Financial Systems                      | HARRISON COUN | TY HOSPI TAL   |            | In Lie                           | u of Form CMS-2 | 2552-10 |
|---|---------------|----------------|------------|----------------------------------|-----------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST       |               | Provider CO    |            | Period:                          | Worksheet D-1   |         |
|   |               |                |            | From 01/01/2020<br>To 12/31/2020 |                 |         |
|   |               | Title          | XVIII      | Hospi tal                        | Cost            |         |
| Cost Center Description                       | Cost          | Routine Cost   | column 1 ÷ | Total                            | Observati on    |         |
|   |               | (from line 21) | column 2   | Observati on                     | Bed Pass        |         |
|   |               |                |            | Bed Cost (from                   | Through Cost    |         |
|   |               |                |            | line 89)                         | (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                    | 837, 901      | 10, 008, 229   | 0. 08372   | 1 2, 182, 462                    | 182, 718        | 90.00   |
| 91.00 Nursing School cost                     | 0             | 10, 008, 229   | 0.00000    | 0 2, 182, 462                    | 0               | 91.00   |
| 92.00 Allied health cost                      | 0             | 10, 008, 229   | 0.00000    | 0 2, 182, 462                    | 0               | 92.00   |
| 93.00 All other Medical Education             | 0             | 10, 008, 229   | 0.00000    |                                  |                 | 93.00   |

| Health Financial Systems HARRISON COUNTY   |             |              |                                  | eu of Form CMS- |         |
|--|-------------|--------------|----------------------------------|-----------------|---------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT                                       | Provider C  | CN: 15-1331  | Peri od:                         | Worksheet D-3   |         |
|  |             |              | From 01/01/2020<br>To 12/31/2020 |                 | nared   |
|  |             |              | 10 12/31/2020                    | 6/28/2021 3:1   |         |
|  | Title       | XVIII        | Hospi tal                        | Cost            |         |
| Cost Center Description  |             | Ratio of Cos |                                  | Inpati ent      |         |
|  |             | To Charges   | 5                                | Program Costs   |         |
|  |             |              | Charges                          | (col. 1 x col.  |         |
|  |             | 1.00         | 0.00                             | 2)              |         |
|  |             | 1.00         | 2.00                             | 3.00            |         |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>30. 00 03000 ADULTS & PEDI ATRI CS     |             |              | 2, 030, 979                      |                 | 30.00   |
| 31. 00 03100 INTENSIVE CARE UNIT   |             |              | 2, 030, 979                      |                 | 30.00   |
| 43. 00 04300 NURSERY   |             |              | 000, 112                         |                 | 43.00   |
| ANCI LLARY SERVICE COST CENTERS  |             |              |                                  |                 | 43.00   |
| 50. 00 05000 OPERATI NG ROOM   |             | 0. 2477      | 38 686, 872                      | 2 170, 164      | 50.00   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM  |             | 0.0000       |                                  |                 | 52.00   |
| 53. 00 05300 ANESTHESI OLOGY   |             | 0. 0268      |                                  |                 |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   |             | 0.0998       |                                  |                 |         |
| 60. 00 06000 LABORATORY  |             | 0. 1433      |                                  |                 |         |
| 65. 00 06500 RESPI RATORY THERAPY  |             | 0. 2505      |                                  |                 |         |
| 66. 00 06600 PHYSI CAL THERAPY   |             | 0. 2865      |                                  |                 |         |
| 67.00 06700 OCCUPATI ONAL THERAPY  |             | 0. 1838      | 91 138, 825                      | 25, 529         | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   |             | 0. 0723      | 03 4, 640                        | 335             | 68. OC  |
| 69. 00 06900 ELECTROCARDI OLOGY  |             | 0. 1209      | 83 274, 378                      | 33, 195         | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                     |             | 0. 5281      | 31 927, 833                      | 490, 017        | 71.00   |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENT   |             | 0. 4249      | 22 748, 241                      | 317, 944        | 72.00   |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   |             | 0. 3644      | 17 927, 285                      | 337, 918        | 73.00   |
| OUTPATIENT SERVICE COST CENTERS  |             | 1            |                                  |                 |         |
| 90. 00 09000 CLI NI C  |             | 0. 5749      |                                  | -               |         |
| 90. 01 09001 SENI OR CARE  |             | 1.0714       |                                  | -               | 90.01   |
| 90. 02 09002 GENERAL SURGERY   |             | 3. 6489      |                                  | 0               | 90.02   |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE   |             | 0. 9329      |                                  | 0 0             | 90.03   |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES  |             | 0. 5564      |                                  | 0               | 90.04   |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE   |             | 0. 9136      |                                  | -               | 90.05   |
| 90. 06 09006 0BGYN - DR SAUER  |             | 1.5256       |                                  |                 | 90.06   |
| 91.00 09100 EMERGENCY  |             | 0. 1779      |                                  |                 |         |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURSABLE COST CENTERS |             | 1. 1798      | 62 (                             | 0 0             | 92.00   |
| 95.00 09500 AMBULANCE SERVICES   |             | 1            |                                  | 1               | 95.00   |
| 200.00 Total (sum of lines 50 through 94 and 96 through 98)                          |             |              | 6, 878, 620                      | 1, 950, 460     |         |
| 201.00 Less PBP Clinic Laboratory Services-Program only charge                       | s (line 61) |              | 0, 070, 020                      | 1, 750, 400     | 200.00  |
| 202.00 Net charges (line 200 minus line 201)   | 3 (1116 01) |              | 6, 878, 620                      | Ś               | 201.00  |
|  |             | I            | 0, 0, 0, 020                     | 1               | 1-02.00 |

| Health Financial Systems HARRISON COUNTY  | HOSPI TAL  |              | In                         | Li eu | ı of Form CMS-2                | 2552-10        |
|---|------------|--------------|----------------------------|-------|--------------------------------|----------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT  | Provider C | CN: 15-1331  | Peri od:                   |       | Worksheet D-3                  |                |
|   | Component  | CON. 1E 7001 | From 01/01/2<br>To 12/31/2 |       | Data /Tima Dra                 | norod.         |
|   | Component  | CCN: 15-Z331 | To 12/31/2                 | 2020  | Date/Time Pre<br>6/28/2021 3:1 |                |
|   | Title      | e XVIII      | Swing Beds -               | SNF   | Cost                           |                |
| Cost Center Description   |            | Ratio of Cos |                            |       | Inpati ent                     |                |
|   |            | To Charges   | Program                    | 1     | Program Costs                  |                |
|   |            |              | Charges                    | (     | col. 1 x col.                  |                |
|   |            |              |                            |       | 2)                             |                |
|   |            | 1.00         | 2.00                       |       | 3.00                           |                |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS  |            | 1            |                            |       |                                |                |
| 30.00 03000 ADULTS & PEDIATRICS   |            |              |                            | 0     |                                | 30.00          |
| 31. 00 03100 I NTENSI VE CARE UNI T   |            |              |                            | 0     |                                | 31.00          |
| 43. 00 04300 NURSERY  |            |              |                            |       |                                | 43.00          |
| ANCI LLARY SERVI CE COST CENTERS  |            | 0.2477       | 20                         |       | 0                              |                |
| 50. 00 05000 OPERATING ROOM   |            | 0.2477       |                            | 0     | -                              | 50.00<br>52.00 |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM<br>53. 00 05300 ANESTHESI OLOGY   |            | 0.0000       |                            | 0     | 0                              | 52.00          |
| 53. 00 05300 ANESTHESTOLOGY<br>54. 00 05400 RADI OLOGY-DI AGNOSTI C   |            | 0.0288       |                            | 946   | 894                            | 53.00          |
| 60. 00 06000 LABORATORY   |            | 0. 0998      |                            | 705   | 3, 829                         | 60.00          |
| 65. 00 06500 RESPIRATORY THERAPY  |            | 0. 1433      |                            | 892   | 3, 829<br>17, 510              |                |
| 66. 00 06600 PHYSI CAL THERAPY  |            | 0. 2303      |                            |       | 31, 181                        | 66.00          |
| 67.00 06700 OCCUPATI ONAL THERAPY   |            | 0. 1838      |                            | 987   | 10, 296                        | 67.00          |
| 68. 00 06800 SPEECH PATHOLOGY   |            | 0. 0723      |                            | 135   | 82                             | 68.00          |
| 69. 00 06900 ELECTROCARDI OLOGY   |            | 0. 1209      |                            | 404   | 49                             | 69.00          |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  |            | 0. 5281      |                            | 199   | 9,083                          |                |
| 72.00 07200 I MPL. DEV. CHARGED TO PATI ENT   |            | 0. 4249      |                            | 0     | 0                              | 72.00          |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   |            | 0.3644       |                            | 216   | 12, 104                        | 73.00          |
| OUTPATIENT SERVICE COST CENTERS   |            |              |                            |       |                                |                |
| 90. 00 09000 CLINIC   |            | 0. 5749      | 83                         | 0     | 0                              | 90.00          |
| 90. 01 09001 SENI OR CARE   |            | 1.0714       | 38                         | 0     | 0                              | 90. 01         |
| 90. 02 09002 GENERAL SURGERY  |            | 3. 6489      | 41                         | 0     | 0                              | 90. 02         |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE  |            | 0. 9329      | 37                         | 0     | 0                              | 90.03          |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES   |            | 0. 5564      |                            | 0     | 0                              | 90.04          |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE  |            | 0. 9136      |                            | 0     | 0                              | 90.05          |
| 90. 06 09006 OBGYN - DR SAUER   |            | 1. 5256      |                            | 0     | 0                              | 90.06          |
| 91. 00 09100 EMERGENCY  |            | 0. 1779      |                            | 0     | 0                              | 91.00          |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)  |            | 1. 1798      | 62                         | 0     | 0                              | 92.00          |
| OTHER REI MBURSABLE COST CENTERS  |            | 1            |                            |       |                                | 0.5.00         |
| 95.00 09500 AMBULANCE SERVICES  |            |              |                            | 04.0  | 05 000                         | 95.00          |
| 200.00 Total (sum of lines 50 through 94 and 96 through 98)   | (1) 00 (1) |              | 322,                       | 312   | 85, 028                        | 200.00         |
| 201.00 Less PBP Clinic Laboratory Services-Program only charges<br>202.00 Net charges (line 200 minus line 201) | (The of)   |              | 222                        | 312   |                                | 201.00         |
| 202. 00 proce charges (The 200 minus the 201)   |            | I            | 322,                       | 512   |                                | 202.00         |

| Health Financial Systems HARRISON COUNTY                                   |              |              |                            | u of Form CMS- |        |
|--|--------------|--------------|----------------------------|----------------|--------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT                             | Provider C   | CN: 15-1331  | Period:<br>From 01/01/2020 | Worksheet D-3  | 5      |
|  |              |              | To 12/31/2020              |                |        |
|  | Titl         | e XIX        | Hospi tal                  | Cost           |        |
| Cost Center Description  |              | Ratio of Cos |                            | Inpati ent     |        |
|  |              | To Charges   |                            | Program Costs  |        |
|  |              |              | Charges                    | (col. 1 x col. |        |
|  |              | 1.00         | 2.00                       | 2)             |        |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS                                 |              | 1.00         | 2.00                       | 3.00           | -      |
| 30. 00 03000 ADULTS & PEDIATRICS   |              | 1            | 391, 279                   |                | 30.00  |
| 31.00 03100 I NTENSI VE CARE UNI T   |              |              | 4, 335                     |                | 31.00  |
| 43. 00 04300 NURSERY   |              |              | 131, 636                   |                | 43.00  |
| ANCI LLARY SERVI CE COST CENTERS   |              |              | 101,000                    |                |        |
| 50. 00 05000 0PERATI NG ROOM   |              | 0. 2477      | 38 75, 563                 | 18, 720        | 50.00  |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                                     |              | 0.0000       |                            |                | 52.00  |
| 53. 00 05300 ANESTHESI OLOGY   |              | 0. 0268      | 52 39, 427                 | 1, 059         | 53.00  |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                       |              | 0. 0998      | 91 10, 085                 | 1, 007         | 54.00  |
| 60. 00 06000 LABORATORY  |              | 0. 1433      | 65 99, 583                 | 14, 277        | 60.00  |
| 65. 00 06500 RESPI RATORY THERAPY  |              | 0. 2505      |                            | 0              | 65.00  |
| 66. 00 06600 PHYSI CAL THERAPY   |              | 0. 2865      |                            |                |        |
| 67.00 06700 OCCUPATI ONAL THERAPY  |              | 0. 1838      |                            | 246            |        |
| 68.00 06800 SPEECH PATHOLOGY   |              | 0.0723       |                            | -              |        |
| 69. 00 06900 ELECTROCARDI OLOGY  |              | 0. 1209      |                            | 1, 287         |        |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                           |              | 0. 5281      |                            |                |        |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT                                  |              | 0. 4249      |                            | -              |        |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                                     |              | 0.3644       | 17 29, 125                 | 10, 614        | 73.00  |
| OUTPATIENT SERVICE COST CENTERS<br>90. 00 09000 CLINIC                     |              | 0.5740       | 0.0                        | 0              |        |
| 90. 00  09000  CLI NI C<br>90. 01  09001  SENI OR_CARE                     |              | 0. 5749      |                            | -              |        |
| 90. 02 09002 GENERAL SURGERY   |              | 3. 6489      |                            | -              |        |
| 90. 03 09002 GENERAL SURGERT<br>90. 03 09003 HARRI SON CRAWFORD HEALTHCARE |              | 0. 9329      |                            | -              |        |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES                                    |              | 0. 5564      |                            | -              |        |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE                                 |              | 0. 9136      |                            | -              |        |
| 90. 06 09006 0BGYN - DR SAUER  |              | 1. 5256      |                            |                |        |
| 91.00 09100 EMERGENCY  |              | 0. 1779      |                            | -              |        |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                           |              | 1. 1798      |                            |                |        |
| OTHER REIMBURSABLE COST CENTERS  |              |              |                            |                | 1      |
| 95. 00 09500 AMBULANCE SERVICES  |              |              |                            |                | 95.00  |
| 200.00 Total (sum of lines 50 through 94 and 96 through 98)                |              |              | 486, 560                   | 162, 850       | 200.00 |
| 201.00 Less PBP Clinic Laboratory Services-Program only charge             | es (line 61) |              | 0                          |                | 201.00 |
| 202.00 Net charges (line 200 minus line 201)                               |              | 1            | 486, 560                   |                | 202.00 |

| Health Financial Systems HAR  | RISON COUNTY HOSPITAL |              |     | In Lie                      | eu of Form CMS- | 2552-10        |
|---|-----------------------|--------------|-----|-----------------------------|-----------------|----------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT  | Provi der             | CCN: 15-1331 |     | ri od:                      | Worksheet D-3   |                |
|   | Component             | CCN: 15-Z331 | Fr  | om 01/01/2020<br>12/31/2020 |                 | narod          |
|   | component             | CON. 15-2551 |     | 12/31/2020                  | 6/28/2021 3:1   |                |
|   | Ti                    | tle XIX      | Swi | ing Beds - SNF              |                 |                |
| Cost Center Description   |                       | Ratio of Co  |     | Inpati ent                  | Inpati ent      |                |
|   |                       | To Charges   | ;   | Program                     | Program Costs   |                |
|   |                       |              |     | Charges                     | (col. 1 x col.  |                |
|   |                       | 1.00         |     |                             | 2)              |                |
|   |                       | 1.00         |     | 2.00                        | 3.00            |                |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS |                       |              |     | 0                           |                 | 30,00          |
| 31. 00 03000 ADDETS & PEDIATRICS<br>31. 00 03100 INTENSIVE CARE UNIT                                    |                       |              |     | 0                           |                 | 30.00          |
| 43. 00 04300 NURSERY  |                       |              |     | 0                           |                 | 43.00          |
| ANCI LLARY SERVI CE COST CENTERS  |                       |              |     | 0                           |                 | 43.00          |
| 50. 00 05000 OPERATI NG ROOM  |                       | 0. 2477      | 38  | 0                           | 0               | 50.00          |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM   |                       | 0.0000       |     | 0                           |                 | 52.00          |
| 53. 00 05300 ANESTHESI OLOGY  |                       | 0. 0268      |     | 0                           | 0               |                |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  |                       | 0.0998       |     | 0                           | 0               | 54.00          |
| 60. 00 06000 LABORATORY   |                       | 0. 1433      | 65  | 0                           | 0               | 60.00          |
| 65. 00 06500 RESPI RATORY THERAPY   |                       | 0. 2505      |     | 0                           | 0               | 65.00          |
| 66. 00 06600 PHYSI CAL THERAPY  |                       | 0. 2865      | 16  | 0                           | 0               | 66.00          |
| 67.00 06700 OCCUPATI ONAL THERAPY   |                       | 0. 1838      | 91  | 0                           | 0               | 67.00          |
| 68.00 06800 SPEECH PATHOLOGY  |                       | 0.0723       | 03  | 0                           | 0               | 68.00          |
| 69. 00 06900 ELECTROCARDI OLOGY   |                       | 0. 1209      | 83  | 0                           | 0               | 69.00          |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  |                       | 0. 5281      |     | 0                           | 0               | 71.00          |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT   |                       | 0. 4249      |     | 0                           |                 | 72.00          |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   |                       | 0. 3644      | 17  | 0                           | 0               | 73.00          |
| OUTPATIENT SERVICE COST CENTERS   |                       | 1            |     |                             | -               |                |
| 90. 00 09000 CLINIC   |                       | 0. 5749      |     | 0                           |                 |                |
| 90. 01 09001 SENI OR CARE   |                       | 1.0714       |     | 0                           |                 | 90.01          |
| 90. 02 09002 GENERAL SURGERY  |                       | 3. 6489      |     | 0                           | 0               | 90.02          |
| 90. 03 09003 HARRI SON CRAWFORD HEALTHCARE  |                       | 0. 9329      |     | 0                           | 0               | 90.03          |
| 90. 04 09004 CORYDON MEDICAL ASSOCIATES   |                       | 0. 5564      |     | 0                           | 0               | 90.04          |
| 90. 05 09005 ORTHOPEDIC SURGERY - DR KLINE<br>90. 06 09006 0BGYN - DR SAUER                             |                       | 0.9136       |     | 0                           |                 | 90.05<br>90.06 |
| 90. 06 09006 0BGYN - DR SAUER<br>91. 00 09100 EMERGENCY   |                       | 0. 1779      |     | 0                           |                 | 90.08          |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   |                       | 1. 1798      |     | 0                           |                 | 91.00          |
| OTHER REIMBURSABLE COST CENTERS   |                       | 1.1/90       | .UZ | 0                           | 0               | 72.00          |
| 95. 00 09500 AMBULANCE SERVICES   |                       |              |     |                             |                 | 95.00          |
| 200.00 Total (sum of lines 50 through 94 and 96 thr   | rough 98)             |              |     | 0                           | 0               | 200.00         |
| 201.00 Less PBP Clinic Laboratory Services-Program  |                       |              |     | 0                           |                 | 201.00         |
| 202.00 Net charges (line 200 minus line 201)  | 5 5                   |              |     | 0                           |                 | 202.00         |
|   |                       |              |     |                             |                 |                |

| LCUL     | Financial Systems HARRISON COUNTY HOS<br>ATION OF REIMBURSEMENT SETTLEMENT Pr   | ovider CCN: 15-1331  | Peri od:                         | u of Form CMS-2<br>Worksheet E |            |
|----------|---|----------------------|----------------------------------|--------------------------------|------------|
|          |   |                      | From 01/01/2020<br>To 12/31/2020 | Part B<br>Date/Time Pre        |            |
|          |   | Title XVIII          | Hospi tal                        | 6/28/2021 3:1<br>Cost          | ı pm       |
|          |   |                      |                                  | 1.00                           |            |
|          | PART B - MEDICAL AND OTHER HEALTH SERVICES  |                      |                                  |                                |            |
| 00<br>00 | Medical and other services (see instructions)<br>Medical and other services reimbursed under OPPS (see instruction                    | าร)                  |                                  | 7, 414, 267                    |            |
| 00       | OPPS payments   |                      |                                  | 0                              |            |
| 00       | Outlier payment (see instructions)  |                      |                                  | 0                              |            |
| 01<br>00 | Outlier reconciliation amount (see instructions)<br>Enter the hospital specific payment to cost ratio (see instructions)              | ons)                 |                                  | 0.000                          |            |
| 00       | Line 2 times line 5   | ,                    |                                  | 0                              |            |
| 00<br>00 | Sum of lines 3, 4, and 4.01, divided by line 6<br>Transitional corridor payment (see instructions)                                    |                      |                                  | 0.00                           |            |
| 00       | Ancillary service other pass through costs from Wkst. D, Pt. IV,  | col. 13, line 200    |                                  | 0                              |            |
|          | Organ acquisitions  |                      |                                  | 0                              |            |
| 00       | Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES  |                      |                                  | 7, 414, 267                    | 11.        |
|          | Reasonabl e charges   |                      |                                  |                                |            |
|          | Ancillary service charges<br>Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line   | 60)                  |                                  | 0                              |            |
|          | Total reasonable charges (sum of lines 12 and 13)   | 07)                  |                                  | 0                              |            |
| 00       | Customary charges   |                      |                                  |                                |            |
| 00       | Aggregate amount actually collected from patients liable for pay<br>Amounts that would have been realized from patients liable for pa |                      |                                  | 0                              |            |
|          | had such payment been made in accordance with 42 CFR §413.13(e)   |                      | in a onargobaoro                 | -                              |            |
|          | Ratio of line 15 to line 16 (not to exceed 1.000000)<br>Total customary charges (see instructions)                                    |                      |                                  | 0.000000                       |            |
| 00       | Excess of customary charges over reasonable cost (complete only i   | fline 18 exceeds li  | ne 11) (see                      | 0                              |            |
|          | instructions)   |                      |                                  |                                |            |
| 00       | Excess of reasonable cost over customary charges (complete only i instructions)   | f line 11 exceeds li | ne 18) (see                      | 0                              | 20.        |
| 00       | Lesser of cost or charges (see instructions)  |                      |                                  | 7, 488, 410                    | 21.        |
|          | Interns and residents (see instructions)  | tions)               |                                  | 0                              |            |
|          | Cost of physicians' services in a teaching hospital (see instruction Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)     | LI ONS)              |                                  | 0                              |            |
|          | COMPUTATION OF REIMBURSEMENT SETTLEMENT   |                      |                                  | 107 770                        |            |
| 00<br>00 | Deductibles and coinsurance amounts (for CAH, see instructions)<br>Deductibles and Coinsurance amounts relating to amount on line 24  | 4 (for CAH see instr | ructions)                        | 107, 770<br>5, 800, 232        |            |
| 00       | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus   |                      |                                  | 1, 580, 408                    |            |
| 00       | instructions)<br>Direct graduate medical education payments (from Wkst. E-4, line   | 50)                  |                                  | 0                              | 28         |
|          | ESRD direct medical education costs (from Wkst. E-4, line 36)   | 30)                  |                                  | 0                              |            |
|          | Subtotal (sum of lines 27 through 29)   |                      |                                  | 1, 580, 408                    |            |
|          | Primary payer payments<br>Subtotal (line 30 minus line 31)  |                      |                                  | 254<br>1, 580, 154             |            |
|          | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   |                      |                                  | .,                             |            |
|          | Composite rate ESRD (from Wkst. I-5, line 11)<br>Allowable bad debts (see instructions)   |                      |                                  | 0<br>707, 705                  |            |
| 00       | Adjusted reimbursable bad debts (see instructions)  |                      |                                  | 460,008                        |            |
|          | Allowable bad debts for dual eligible beneficiaries (see instruc  | tions)               |                                  | 486, 414                       |            |
|          | Subtotal (see instructions)<br>MSP-LCC reconciliation amount from PS&R  |                      |                                  | 2, 040, 162<br>0               |            |
|          | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |                      |                                  | 0                              |            |
|          | Pioneer ACO demonstration payment adjustment (see instructions)   |                      |                                  | 0                              | 39         |
| 97<br>98 | Demonstration payment adjustment amount before sequestration<br>Partial or full credits received from manufacturers for replaced      | devices (see instruc | ctions)                          | 0                              |            |
| 99       | RECOVERY OF ACCELERATED DEPRECIATION  | · ·                  |                                  | 0                              | 39         |
| 00<br>01 | Subtotal (see instructions)   |                      |                                  | 2, 040, 162<br>13, 465         |            |
|          | Sequestration adjustment (see instructions)<br>Demonstration payment adjustment amount after sequestration                            |                      |                                  | 13, 405                        |            |
| 03       | Sequestration adjustment-PARHM pass-throughs  |                      |                                  | 4 040 7==                      | 40         |
|          | Interim payments<br>Interim payments-PARHM  |                      |                                  | 1, 019, 777                    | 41         |
| 00       | Tentative settlement (for contractors use only)   |                      |                                  | 0                              | 42         |
| 01       | Tentative settlement-PARHM (for contractor use only)  |                      |                                  | 1 004 020                      | 42         |
| 00<br>01 | Balance due provider/program (see instructions)<br>Balance due provider/program-PARHM (see instructions)                              |                      |                                  | 1, 006, 920                    | 43<br>43   |
| 00       | Protested amounts (nonallowable cost report items) in accordance §115.2   | with CMS Pub. 15-2,  | chapter 1,                       | 0                              |            |
|          | TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)  |                      |                                  | 0                              | 90         |
| 00       | Outlier reconciliation adjustment amount (see instructions)   |                      |                                  | 0                              | 91         |
|          | The rate used to calculate the Time Value of Money  |                      |                                  | 0.00                           |            |
|          | Time Value of Money (see instructions)<br>Total (sum of lines 91 and 93)  |                      |                                  | 0                              | 93.<br>94. |

| VALYS    | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED   | Provider CC | CN: 15-1331 | Period:<br>From 01/01/2020<br>To 12/31/2020 |                         | pared        |
|----------|--|-------------|-------------|---|-------------------------|--------------|
|          |  | Title       | XVIII       | Hospi tal                                   | Cost                    |              |
|          |  | I npati en  | t Part A    | Par   | rt B                    |              |
|          |  | mm/dd/yyyy  | Amount      | mm/dd/yyyy                                  | Amount                  |              |
|          |  | 1.00        | 2.00        | 3.00  | 4.00                    |              |
| 00       | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero      |             | 3, 445, 34  | 45<br>0                                     | 1, 019, 777<br>0        | 1. 0<br>2. 0 |
| 00       | List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider |             |             |   |                         | 3. (         |
| 01       | ADJUSTMENTS TO PROVIDER  |             |             | 0   | 0                       | 3.0          |
| 02       |  |             |             | 0   | 0                       | 3.0          |
| 03       |  |             |             | 0   | 0                       | 3.           |
| 04       |  |             |             | 0   | 0                       | 3.           |
| 05       | Provider to Program  |             |             | 0   | 0                       | 3.           |
| 50       | ADJUSTMENTS TO PROGRAM   |             |             | 0   | 0                       | 3.           |
| 51       |  |             |             | 0   | 0                       | 3.           |
| 52       |  |             |             | 0   | 0                       | 3.           |
| 53       |  |             |             | 0   | 0                       | 3.           |
| 54       |  |             |             | 0   | 0                       | 3.           |
| 99       | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   |             |             | 0   | 0                       | 3.           |
| 00       | Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as  |             | 3, 445, 34  | 45  | 1, 019, 777             | 4.           |
|          | appropriate)<br>TO BE COMPLETED BY CONTRACTOR  |             |             |   |                         |              |
| 00       | List separately each tentative settlement payment after  |             |             |   |                         | 5.           |
|          | desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)<br>Program to Provider  |             |             |   |                         |              |
| 01       | TENTATI VE TO PROVIDER   |             |             | 0   | 0                       | 5.           |
| 02       |  |             |             | 0   | 0                       | 5.           |
| 03       |  |             |             | 0   | 0                       | 5.           |
|          | Provider to Program  |             |             |   |                         | _            |
| 50       | TENTATI VE TO PROGRAM  |             |             | 0   | 0                       | 5.           |
| 51<br>52 |  |             |             | 0   | 0                       | 5.<br>5.     |
| 99       | Subtotal (sum of lines 5.01-5.49 minus sum of lines  |             |             | 0   | 0                       | 5            |
| 00       | 5.50-5.98)<br>Determined net settlement amount (balance due) based on<br>the cost report. (1)  |             |             |   |                         | 6.           |
| D1       | SETTLEMENT TO PROVIDER   |             | 1, 552, 3   | 59  | 1, 006, 920             | 6.           |
| )2       | SETTLEMENT TO PROGRAM  |             | 1,002,00    | 0   | 0 1,000,720             | 6.           |
| 00       | Total Medicare program liability (see instructions)  |             | 4, 997, 70  | -   | 2, 026, 697             | 7            |
|          |  |             |             | Contractor<br>Number                        | NPR Date<br>(Mo/Day/Yr) |              |
|          |  | (           | )           | 1.00  | 2.00                    |              |

| NALY:    | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED                                   | Provider Component ( |          | Period:<br>From 01/01/2020<br>To 12/31/2020 |               |    |
|----------|--|----------------------|----------|---|---------------|----|
|          |  |                      |          |   | 6/28/2021 3:1 |    |
|          |  |                      |          | Swing Beds - SNF                            |               | -  |
|          |  | Inpatien             | t Part A | Par   | rt B          |    |
|          |  | mm/dd/yyyy           | Amount   | mm/dd/yyyy                                  | Amount        |    |
|          |  | 1.00                 | 2.00     | 3. 00                                       | 4.00          |    |
| 00       | Total interim payments paid to provider  |                      | 404, 26  |   | 0             | 1. |
| 00       | Interim payments payable on individual bills, either                                 |                      |          | 0   | 0             | 2. |
|          | submitted or to be submitted to the contractor for                                   |                      |          |   |               |    |
|          | services rendered in the cost reporting period. If none,                             |                      |          |   |               |    |
| 00       | write "NONE" or enter a zero<br>List separately each retroactive lump sum adjustment |                      |          |   |               | 3  |
| 00       | amount based on subsequent revision of the interim rate                              |                      |          |   |               | 3  |
|          | for the cost reporting period. Also show date of each                                |                      |          |   |               |    |
|          | payment. If none, write "NONE" or enter a zero. (1)                                  |                      |          |   |               |    |
|          | Program to Provider  |                      |          |   |               |    |
| 01       | ADJUSTMENTS TO PROVIDER  |                      |          | 0   | 0             |    |
| )2       |  |                      |          | 0   | 0             |    |
| 03       |  |                      |          | 0   | 0             |    |
| 04       |  |                      |          | 0   | 0             |    |
| 05       | Dravidar to Dragram  |                      |          | 0   | 0             | 3  |
| 50       | Provider to Program<br>ADJUSTMENTS TO PROGRAM  |                      |          | 0   | 0             | 3  |
| 50<br>51 | ADJUSTMENTS TO PROGRAM   |                      |          | 0   | 0             |    |
| 52       |  |                      |          | 0   | 0             |    |
| 53       |  |                      |          | 0   | 0             |    |
| 54       |  |                      |          | 0   | 0             |    |
| 99       | Subtotal (sum of lines 3.01–3.49 minus sum of lines                                  |                      |          | 0   | 0             | 3  |
|          | 3. 50-3. 98)   |                      |          |   |               |    |
| 00       | Total interim payments (sum of lines 1, 2, and 3.99)                                 |                      | 404, 26  | 9   | 0             | 4  |
|          | (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                   |                      |          |   |               |    |
|          | TO BE COMPLETED BY CONTRACTOR  |                      |          |   |               | 1  |
| 00       | List separately each tentative settlement payment after                              |                      |          |   |               | 15 |
|          | desk review. Also show date of each payment. If none,                                |                      |          |   |               |    |
|          | write "NONE" or enter a zero. (1)  |                      |          |   |               |    |
|          | Program to Provider  |                      | 1        |   |               |    |
| D1       | TENTATI VE TO PROVIDER   |                      |          | 0   | 0             |    |
| )2<br>)3 |  |                      |          | 0   | 0             |    |
| 5        | Provider to Program  |                      |          | U   | 0             |    |
| 50       | TENTATI VE TO PROGRAM  |                      |          | 0   | 0             | 15 |
| 51       |  |                      |          | 0   | 0             |    |
| 52       |  |                      |          | 0   | 0             | -  |
| 99       | Subtotal (sum of lines 5.01-5.49 minus sum of lines                                  |                      |          | 0   | 0             | 5  |
|          | 5. 50-5. 98)   |                      |          |   |               |    |
| 00       | Determined net settlement amount (balance due) based on                              |                      |          |   |               | 6  |
| 01       | the cost report. (1)<br>SETTLEMENT TO PROVIDER                                       |                      | 186, 34  | 0   | 0             | 6  |
| 01       | SETTLEMENT TO PROVIDER   |                      |          | 0   | 0             |    |
| 02<br>00 | Total Medicare program liability (see instructions)                                  |                      | 590, 61  | -   | 0             |    |
|          |  |                      |          | Contractor                                  | NPR Date      | Ĺ  |
|          |  |                      |          | Number                                      | (Mo/Day/Yr)   |    |
|          |  |                      | )        | 1.00  | 2.00          | 1  |

| Heal th | Financial Systems HARRISON (  | COUNTY HOSPITAL               | In Lie           | u of Form CMS- | 2552-10 |  |  |  |
|---------|---|-------------------------------|------------------|----------------|---------|--|--|--|
| CALCUL  | CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 15-1331 Period:<br>From 01/01/2020<br>To 12/31/2020 |                               |                  |                |         |  |  |  |
|         |   |                               |                  |                |         |  |  |  |
|         |   |                               |                  | 1.00           |         |  |  |  |
|         | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPO   |                               |                  |                |         |  |  |  |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCU   |                               |                  |                | 1.00    |  |  |  |
| 1.00    |   |                               |                  |                |         |  |  |  |
| 2.00    |   |                               |                  |                |         |  |  |  |
| 3.00    |   |                               |                  |                |         |  |  |  |
| 4.00    | 4.00 Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12   |                               |                  |                |         |  |  |  |
| 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, co   | I. 3 line 20                  |                  |                | 6.00    |  |  |  |
| 7.00    | CAH only - The reasonable cost incurred for the purchas<br>line 168   | e of certified HIT technology | Wkst. S-2, Pt. I |                | 7.00    |  |  |  |
| 8.00    | Calculation of the HIT incentive payment (see instruction   | ons)                          |                  |                | 8.00    |  |  |  |
| 9.00    | Sequestration adjustment amount (see instructions)  |                               |                  |                | 9.00    |  |  |  |
| 10.00   | Calculation of the HIT incentive payment after sequestr   | ation (see instructions)      |                  |                | 10.00   |  |  |  |
|         | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH  |                               |                  |                |         |  |  |  |
| 30.00   | Initial/interim HIT payment adjustment (see instruction   | s)                            |                  |                | 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 instruction | ns)              |                | 32.00   |  |  |  |

| CALCULAT  |  | der CCN: 15-1331<br>onent CCN: 15-Z331 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E-2<br>Date/Time Pre |                  |
|-----------|--|--|---|--------------------------------|------------------|
|           |  | Title XVIII                            | Swing Beds - SNF                            | 6/28/2021 3:1                  |                  |
|           |  |  | Part A                                      | Part B                         |                  |
| 00        |  |  | 1.00  | 2.00                           |                  |
|           | MPUTATION OF NET COST OF COVERED SERVICES <pre>npatient routine services - swing bed-SNF (see instructions)</pre>                        |  | 512, 360                                    | 0                              | 1.0              |
|           | npatient routine services - swing bed-NF (see instructions)  |  |   |                                | 2.0              |
|           | ncillary services (from Wkst. D-3, col. 3, line 200, for Part A, a   |  |   | 0                              | 3.0              |
|           | art V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed<br>nstructions)   | pass-through, see                      | 9   |                                |                  |
|           | ursing and allied health payment-PARHM (see instructions)  |  |   |                                | 3.0              |
|           | er diem cost for interns and residents not in approved teaching pr   | ogram (see                             |   | 0.00                           | 4.0              |
|           | nstructions)   |  | 0.05  |                                |                  |
|           | rogram days<br>nterns and residents not in approved teaching program (see instruc  | tions)                                 | 225   | 0                              | 5.0<br>6.0       |
|           | tilization review - physician compensation - SNF optional method o   |  | 0   | 0                              | 7.0              |
|           | ubtotal (sum of lines 1 through 3 plus lines 6 and 7)  |  | 598, 238                                    | 0                              | 8.0              |
|           | rimary payer payments (see instructions)   |  | 0   | 0                              | 9.0              |
|           | ubtotal (line 8 minus line 9)  | *                                      | 598, 238                                    | 0                              | 10.00            |
|           | eductibles billed to program patients (exclude amounts applicable rofessional services)  | to physician                           | 0   | 0                              | 11.00            |
| 1.        | ubtotal (line 10 minus line 11)  |  | 598, 238                                    | 0                              | 12.0             |
|           | pinsurance billed to program patients (from provider records) (exc   | lude coinsurance                       | 3, 696                                      | 0                              | 13.0             |
|           | or physician professional services)  |  |   |                                |                  |
|           | 0% of Part B costs (line 12 x 80%)<br>ubtotal (see instructions)   |  | 594, 542                                    | 0                              | 14.0<br>15.0     |
|           | THER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |  | 0   | 0                              | 16.0             |
|           | oneer ACO demonstration payment adjustment (see instructions)  |  |   |                                | 16.5             |
|           | ural community hospital demonstration project (§410A Demonstration   | ) payment                              | 0   |                                | 16.5             |
|           | djustment (see instructions)   |  | 0   | 0                              | 16.9             |
|           | emonstration payment adjustment amount before sequestration<br>lowable bad debts (see instructions)                                      |  | 0   | 0                              | 17.0             |
|           | djusted reimbursable bad debts (see instructions)  |  | 0   | 0                              | 17.0             |
|           | lowable bad debts for dual eligible beneficiaries (see instructio  | ns)                                    | 0   | 0                              | 18. 0            |
|           | otal (see instructions)  |  | 594, 542                                    | 0                              | 19.0             |
|           | equestration adjustment (see instructions)<br>emonstration payment adjustment amount after sequestration)                                |  | 3, 924<br>0                                 | 0                              | 19.0<br>19.0     |
|           | equestration adjustment-PARHM pass-throughs  |  | 0   | 0                              | 19.0             |
|           | nterim payments  |  | 404, 269                                    | 0                              | 20.0             |
|           | nterim payments-PARHM  |  |   |                                | 20. 0            |
|           | entative settlement (for contractor use only)  |  | 0   | 0                              | 21.0             |
|           | entative settlement-PARHM (for contractor use only)<br>alance due provider/program (line 19 minus lines 19.01, 20, and 21                | )                                      | 186, 349                                    | 0                              | 21.0<br>22.0     |
|           | al ance due provider/program-PARHM (see instructions)  | )                                      | 100, 017                                    | 0                              | 22.0             |
| 23. 00 Pr | rotested amounts (nonallowable cost report items) in accordance wi   | th CMS Pub. 15-2,                      | 0   | 0                              | 23. 0            |
|           | napter 1, §115.2   | \                                      |   |                                |                  |
|           | iral Community Hospital Demonstration Project (§410A Demonstration) s this the first year of the current 5-year demonstration period u   |  |   |                                | 200. 0           |
|           | entury Cures Act? Enter "Y" for yes or "N" for no.   |  |   |                                | 200.0            |
|           | ost Reimbursement  |  |   |                                |                  |
|           | edicare swing-bed SNF inpatient routine service costs (from Wkst.  | D-1, Pt. II, line                      |   |                                | 201. 0           |
|           | 6 (title XVIII hospital))<br>edicare swing-bed SNF inpatient ancillary service costs (from Wkst  | . D-3. col. 3. lir                     | ne  |                                | 202. 0           |
|           | DO (title XVIII swing-bed SNF))  |  |   |                                | 202.0            |
|           | otal (sum of lines 201 and 202)  |  |   |                                | 203. 0           |
|           | edicare swing-bed SNF discharges (see instructions)  |  |   |                                | 204. 0           |
|           | <pre>pmputation of Demonstration Target Amount Limitation (N/A in first<br/>eriod)</pre>   | year of the curre                      | ent 5-year demonst                          | ration                         |                  |
|           | edicare swing-bed SNF target amount  |  |   |                                | 205.0            |
|           | edicare swing-bed SNF inpatient routine cost cap (line 205 times l   | ine 204)                               |   |                                | 206. 0           |
|           | ljustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement   | nc)                                    |   |                                | 007 0            |
|           | rogram reimbursement under the §410A Demonstration (see instructio<br>edicare swing-bed SNF inpatient service costs (from Wkst. E-2, col |  | 1   |                                | 207. 0<br>208. 0 |
|           | nd 3)  | . I, SUILUT TITLES                     | '   |                                | 200.0            |
|           | djustment to Medicare swing-bed SNF PPS payments (see instructions   | )                                      |   |                                | 209. 0           |
|           | eserved for future use   |  |   |                                | 210. 0           |
|           | mparision of PPS versus Cost Reimbursement   | ue line 210) (s                        |   |                                | 215 0            |
|           | otal adjustment to Medicare swing-bed SNF PPS payment (line 209 pl<br>nstructions)   | us i i ile 210) (See                   |   |                                | 215.0            |

|  | CALCULA | TION OF REIMBURSEMENT SETTLEMENT - SWING BEDS                     | ovider CCN: 15-1331  | Period:<br>From 01/01/2020 | Worksheet E-2                     |                              |
|--|---------|---|----------------------|----------------------------|-----------------------------------|------------------------------|
| Computation         Part A         Part A         Part B           100         Computation of Process Cost of Covered SERVICES         1.00         2.00           100         Inpatter truth in services - swing bed-SPF (see instructions)         0         0         0           100         Inpatter truth in services - swing bed-SPF (see instructions)         0         0         0           100         Frant X         Cost is A and 7. In a 2002, for Part B) (For CAH and swing-bed pass-through, see instructions)         0         0           100         Per diem cost for interns and residents not in approved teaching program (see instructions)         0  |         | Co  | mponent CCN: 15-Z331 |                            | Date/Time Prepa<br>6/28/2021 3:11 |                              |
| COMPUTATION OF NET COST OF COVERED SERVICES         1.00         2.00           00         Inpattent routine services - swing bad-SNE (see instructions)         0         0         0           01         Inpattent routine services - swing bad-SNE (see instructions)         0         0         0           00         Inpattent routine services - Swing bad-SNE (see instructions)         0         0         0           01         Nutring and allice health payment-PARH (See instructions)         0         0         0           01         Horising and allice health payment-PARH (see instructions)         0         0         0           02         Program days         0         0         0         0         0           03         Utilization review - physician compensation - SNE optional method only         0         0         0           04         Utilization review - physician compensation - SNE optional method only         0         0         0           05         Sotiatal (use of lines line 11)         0         0         0         0         0         0         0           05         Colonsarrous billed to program patients (frem provider records) (exclude colonsurance for physician professional services)         0         0         0           05         Route 18   |         |   | Title XIX            | U                          |                                   |                              |
| 00       Inpatient routine services - swing bed-SMF (see instructions)       0         01       Inpatient routine services - swing bed-SMF (see instructions)       0         02       Ancillary services (from Wst. D3, col. 3, line 200, for Part B, and sum or Wkst. D, Part V, cols 6 and 7, line 202, for Part B) (for Call and swing-bed pass-through, see instructions)       0         101       Instructions)       0       0         01       Program days       0       0         01       Utilization review - physician compensation - SMF apticanal method only       0       0         01       Utilization review - physician compensation - SMF apticanal method only       0       0         02       Utilization review - physician compensation - SMF apticanal method only       0       0         03       Utilization review - physician compensation - SMF apticanal method only       0       0         04       Utilization review - physician aptients (from provider records) (exclude colnsurance of for physician professional services)       0       0         05       Subtotal (isee instructions)       0       0       0       0         05       Monet B, SMF (See instructions)       0       0       0       0         06       Cols and SMF (See instructions)       0       0       0       0       0   |         |   |                      |                            |                                   |                              |
| 100       Inpatient routine services - swing bed-MF (see instructions)       0         01       Ancillary services (ron Wist, D., Sol, S., Line 200, for Part A, and sum of Wist, D., Part V, col's, 6 and 7, Line 202, for Part B) (for CAH and swing-bed pass-through, see instructions)       0         01       Nursing and allied health payment-PARH (see instructions)       0         01       Nursing and allied health payment-PARH (see instructions)       0         01       Interns and residents not in approved teaching program (see instructions)       0         02       Interns and residents not in approved teaching program (see instructions)       0         03       Utilization review - physician compensation - SNF optional method only       0         04       Subtical (sum of lines 1 through 3 plus lines 6 and 7)       0         05       Subtical (line 8 minus line 9)       0         06       Subtical (see instructions)       0         07       professional services)       0         08       otinsurance billed to program patients (from provider records) (exclude coinsurance or for physician professional services)       0         03       Otinsurance No domenstration payment adjustment (see instructions)       0       0         04       Otinsurance No domenstration payment adjustment (see instructions)       0       0         05       Nural (see instruc   | - F     |   |                      | 0                          |                                   | 1.00                         |
| 100       Ancillary services (from West, D.3, col. 3, line 200, for Part A, and sum of West, D, Part B, (for CAH and swing-bed pass-through, see instructions)       0         101       Nursing and all ide heal th payment-PARHM (see instructions)       0       0         100       Per diven cost for interns and residents not in approved teaching program (see instructions)       0       0         101       Prigram days       0       0       0       0         101       Prigram days       0       0       0       0       0         101       Utilization review - physician compensation - SNE optional method only       0       0       0         100       Definition review - physician compensation - SNE optional method only       0       0       0         100       Definition review - physician compensation - SNE optional method only       0       0       0         101       Definition review - physician compensation - SNE optional method only       0       0       0         101       Definition review - Swe  |         | ,   |                      | -                          |                                   | 2.00                         |
| Instructions) Instructions) Instructions) Instructions In   |         | , , , , , , , , , , , , , , , , , , ,                             | and sum of Wkst. D,  |                            |                                   | 3.00                         |
| 0.1       Nursing and allied health payment-PARIM (see instructions)       0         0       Per direm cost for interns and residents not in approved teaching program (see instructions)       0         0       Interns and residents not in approved teaching program (see instructions)       0         0       Interns and residents not in approved teaching program (see instructions)       0         0       Interns and residents not in approved teaching program (see instructions)       0         0       Interns and residents not in approved teaching program (see instructions)       0         0       Withigsting in the payment-Payment is (see instructions)       0         0       Subtotal (see instructions)       0         0       Consumerce billed to program patients (sec instructions)       0         0       Subtotal (see instructions)       0         0       O       O       O         0       O       O       O         0       O       O       O         0       O       O       O         0       O       O       O         0       O       O       O         0       O       O       O         0       O       O       O         0       O<   |         |   | ed pass-through, see | •                          |                                   |                              |
| 00     Per diem cost for interns and residents not in approved teaching program (see instructions)     0       01     Program days     0       02     Program days     0       03     Interns and residents not in approved teaching program (see instructions)     0       04     Utilization review - physician compensation - SNE optional method only     0       05     Subtotal (sem of lines 1 through splus lines 6 and 7)     0       06     Subtotal (line 8 min us line 9)     0       07     Deductibles billed to program patients (see instructions)     0       08     Dotational services     0       09     Or Subtotal (line 8 min us line 9)     0       100     Deductibles billed to program patients (sclude amounts applicable to physician profician proficiants for signal services     0       00     Subtotal (line 10 minus line 9)     0     0       01     Orstraying (sem of minus line 9)     0       02     Orstraying (sem of minus line 9)     0       03     Subtotal (see instructions)     0       04     Orstraying (sem of minus line 9)     0       05     Dirent (see instructions)     0       05     Dirent (see instructions)     0       05     Pioner Aco demonstration payment adjustment amount before sequestration     0       06     Olidivatio  |         |   |                      |                            |                                   | 3. 01                        |
| Instructions)       Interns and residents not in approved teaching program (see instructions)       0         OD       Interns and residents not in approved teaching program (see instructions)       0         OD       Utilization review - physician composation - SN optional method only       0         OD       Primary payer payments (see instructions)       0         D       Deductibles billed to program patients (exclude amounts applicable to physician professional services)       0         100       Deductibles billed to program patients (from provider records) (exclude coinsurance of professional services)       0         101       Subtotal (line 10 minus line 11)       0       0         102       Subtotal (see instructions)       0         103       Subtotal (see instructions)       0         104       Sold otherst and adjustment amount before sequestration       0         105       Subtotal (prime adjustment amount before sequestration       0         106       Offield approfessional services)       0         107       Od denostration payment adjustment amount before sequestration       0         108       Decinstructions)       0       0         109       Demostration payment adjustment amount before sequestration       0         100       Other adubts (see instructions)       0 <t< td=""><td></td><td>5 1 5 7</td><td>program (see</td><td>0.00</td><td></td><td>4.00</td></t<>   |         | 5 1 5 7   | program (see         | 0.00                       |                                   | 4.00                         |
| 00       Interns and residents not in approved teaching program (see instructions)       0         00       Utilization review - physical an compensation - SNF optional method only       0         00       Subtotal (sum of lines 1 through 3 plus lines 6 and 7)       0         01       Primary payer payements (see instructions)       0         02       Subtotal (line 8 minus line 9)       0         03       Deductibles billed to program patients (ckclude amounts applicable to physician professional services)       0         04       Subtotal (line 10 minus line 11)       0         05       Obtital (see instructions)       0         05       Subtotal (see instructions)       0         06       Obtital (see instructions)       0         07       Physical approfessional services)       0         08       Obtital (see instructions)       0         08       Obtital (see instructions)       0         09       Primary tabustital (see instructions)       0         01       Internstration payment adjustment amount before sequestration       0         01       Adjustel bad debts (see instructions)       0         04       Internstration payment adjustment amount before sequestration       0         05       Rural community Inspirat demonstration pro   |         | instructions)   |                      |                            |                                   |                              |
| 00     Utilization review - physician compensation - SWE optional method only     0       01     Subtotal (sum of lines 1 through a plus lines 6 and 7)     0       02     Primary payer payments (see instructions)     0       03     Subtotal (line 8 minus line 9)     0       04     Deductibles billed to program patients (exclude amounts applicable to physician porfessional services)     0       05     Obstotal (line 10 minus line 11)     0       06     Cainsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)     0       05     00     Obstotal (see instructions)     0       06     00     01FER AUDSTMENTS (SEE INSTRUCTIONS) (SPECIFY)     0       07     00     Demonstration payment adj ustment (see instructions)     0       08     00     Subtotal demonstration payment adj ustment sequestration     0       09     Demonstration payment adj ustment sequestration     0       00     Total (see instructions)     0       00     Total (see instructions)     0       01     Total (see instructions)     0       02     Balance due provider/program (line 10 minus lines 19.01, 20, and 21)     0       03     Distructional owable examples and payment adj ustment (for contractor use only)     0       01     Total (see instructions)   |         |   |                      | 0                          |                                   | 5.00                         |
| 00       Subtrail (sum of lines 1 through 2 plus lines 6 and 7)       0         00       Primery payer payements (see instructions)       0         0.00       Subtrail (line 8 minus line 9)       0         0.00       Deductibles billed to program patients (exclude amounts applicable to physician professional services)       0         0.01       Deductibles billed to program patients (from provider records) (exclude coinsurance 0 for physician professional services)       0         0.02       Subtrail (see instructions)       0       0         0.03       Subtrail (see instructions)       0       0         0.04       Other ACO demonstration project (\$410A Demonstration) payment adjustment (see instructions)       0         0.05       Demonstration payment adjustment amount before sequestration       0       0         0.05       Adjusted reimbursable bad debts (see instructions)       0       0       0         0.06       Outal (see instructions)       0       0       0       0       0         0.06       Outal (see instructions)       0       0       0       0       0       0       0       0         0.07       Otal (awabi to bad debts (see instructions)       0       0       0       0       0       0       0       0       0 <t< td=""><td></td><td></td><td></td><td>0</td><td></td><td>6.00<br/>7.00</td></t<>   |         |   |                      | 0                          |                                   | 6.00<br>7.00                 |
| 0.00       Primary payments (see instructions)       0         0.00       Subtotal (line 8 mus line 9)       0         1.00       Deductibles billed to program patients (exclude amounts applicable to physician professional services)       0         2.00       Subtotal (line 10 minus line 11)       0         0.00       Consurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)       0         0.01       Other Roots (Ine 12 x 80%)       0         0.02       Other Roots (Ine 12 x 80%)       0         0.01       Other ADUSTNEWS (SEE INSTRUCTIONS) (SPECIFY)       0         0.01       Other ADUSTNEWS (SEE INSTRUCTIONS) (SPECIFY)       0         0.10       Other ADUSTNEWS (SEE INSTRUCTIONS) (SPECIFY)       0         0.10       Other ADUSTNEWS (SEE INSTRUCTIONS) (SPECIFY)       0         0.11       Other ADUSTNEWS (SEE INSTRUCTIONS) (SPECIFY)       0         0.12       Other ADUSTNEWS (SEE INSTRUCTIONS) (SPECIFY)       0  |         |   | i oni y              | 0                          |                                   | 8.00                         |
| 1.00       Deductibles billed to program patients (exclude amounts applicable to physician professional services)       0         2.00       Subtotal (line 10 minus line 11)       0         0.00       Colsnarace billed to program patients (from provider records) (exclude coinsurance 0       0         0.01       Other and to program patients (from provider records) (exclude coinsurance 0       0         0.01       Other at B costs (line 12 x 80%)       0         0.01       Other ADUSTNETS (SEE INSTRUCTIONS) (SPECIFY)       0         6.00       OTHER ADUSTNETS (SEE INSTRUCTIONS) (SPECIFY)       0         6.50       Pioneer ACO demonstration payment adjustment (see instructions)       0         6.50       Pomenstration payment adjustment amount before sequestration       0         7.00       Al Jowable bad debts (see instructions)       0         9.01       Sequestration adjustment adjustment amount after sequestration)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment (see Instructions)       0         9.04       Interim payments       0         9.05       Sequestration adjustment Adjustment Amount after sequestration)       0         9.02       Demonstration payment adjustment amount set sequestration)       0   |         |   |                      | 0                          |                                   | 9.00                         |
| professional services) the transmission of the second services of the service  | 0. 00   | Subtotal (line 8 minus line 9)                                    |                      | 0                          |                                   | 10.00                        |
| 2.00       Subtotal ((ine 10 minus line 11)       0         0       Object       0       0         0       Object       0       0         0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0         0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0         0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td></td> <td></td> <td>e to physician</td> <td>0</td> <td></td> <td>11.00</td>   |         |   | e to physician       | 0                          |                                   | 11.00                        |
| 3.00       Coinsurance billed to program patients (from provider records) (exclude coinsurance of for physician professional services)       0         4.00       80% of Part B costs (line 12 x 80%)       0         5.00       Subtotal (see instructions)       0         6.00       00       00       0         6.00       00       00       0         6.00       00       00       0         6.01       00       00       0         6.02       00       00       0         6.03       00       00       0         6.04       00       00       0         6.05       Pioneer ACD demonstration payment adjustment (see instructions)       0         7.00       All owable bad debts (see instructions)       0         7.01       Aljustment (see instructions)       0         9.01       Sequestration adjustment dajustment arer sequestration)       0         9.02       Demonstration payments dajustment are sequestration)       0         9.03       Sequestration adjustment FARHM pass-throughs       0         9.01       Interim payments       0         9.02       Demonstration payment Adjustment Sequestration)       0         9.03       Sequestration adjustment (see  |         |   |                      | 0                          |                                   | 12.00                        |
| for physician professional services)       interview         for physic can professional services)       interview         interview       int   |         | · /   | exclude coinsurance  |                            |                                   | 12.00                        |
| 5.00       Subtotal (see instructions)       0         6.00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0         6.50       Pioneer ACO demonstration payment adjustment (see instructions)       0         6.55       Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)       0         6.57       Nural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)       0         6.70       Allowable bad debts (see instructions)       0         7.01       Adjusted reimbursable bad debts (see instructions)       0         9.00       Total (see instructions)       0         9.01       Sequestration adjustment amount after sequestration       0         9.02       Demonstration paymentadjustment amount after sequestration       0         9.03       Sequestration adjustment -PARHM pass-throughs       0         0.01       Interim payments-PARHM       0       0         1.00       Tentative settlement (For contractor use only)       0       0         1.01       Tentative settlement (for contractor use only)       0       0         2.01       Balance due provider/program -PARHM (see instructions) in accordance with CMS Pub. 15-2, 0       0         1.01       Tentative settlement (ror contractor use only)  | 0.00    |   |                      |                            |                                   |                              |
| 6.00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0         6.50       Pioneer ACO demonstration payment adjustment (see instructions)       0         6.55       Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)       0         6.59       Pioneer ACO demonstration payment adjustment amount before sequestration       0         7.00       Allowable bad debts (see instructions)       0         7.01       Adjustment (see instructions)       0         8.00       Allowable bad debts (see instructions)       0         9.01       Sequestration adjustment (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment (for contractor use only)       0         1.04       Interim payments-PARHM       0         1.05       Interim payments-PARHM       0       0         1.06       Tentative settlement-PARHM (for contractor use only)       0       0         1.00       Tentative settlement-PARHM (for contractor use only)       0       0         1.00       Tentative settlement-PARHM (for contractor use only)       0       0         1.00       Tentative settlement-PARHM (for contractor use only)       0       0   |         |   |                      | 0                          |                                   | 14.00                        |
| 6.50 Ploneer ACO demonstration payment adjustment (see instructions)<br>6.55 Rural community hospital demonstration project (§410A Demonstration) payment<br>adjustment (see instructions)<br>0.0 Allowable bad debts (see instructions)<br>0.0 Allowable bad debts (see instructions)<br>0.0 Allowable bad debts for dual eligible beneficiaries (see instructions)<br>0.0 Allowable bad debts for dual eligible beneficiaries (see instructions)<br>0.0 Allowable bad debts for dual eligible beneficiaries (see instructions)<br>0.0 Allowable bad debts for dual eligible beneficiaries (see instructions)<br>0.0 Allowable bad debts for dual eligible beneficiaries (see instructions)<br>0.0 Total (see instructions)<br>0.0 Sequestration adjustment amount after sequestration)<br>0.0 Sequestration adjustment FARHM pass-throughs<br>0.1 Interim payments<br>0.1 Interim payments<br>0.1 Interim payments<br>0.1 Interim payments<br>0.2 Balance due provider/program-PARHM (see instructions)<br>1.00 Tentative settlement (for contractor use only)<br>1.01 Tentative settlement (for contractor use only)<br>1.02 Balance due provider/program-PARHM (see instructions)<br>1.03 Protested amounts (nonal lowable cost report Items) In accordance with CMS Pub. 15-2, 0<br>1.04 Community Hospital Demonstration Project (§410A Demonstration) Adjustment<br>0.00 Is this the first year of the current 5-year demonstration period under the 21st<br>2.01 Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line<br>66 (tit e XVIII hospital)<br>0.0 Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line<br>200 (title XVIII hospital)<br>0.0 Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line<br>200 (title XVIII hospital)<br>2.00 Medicare swing-bed SNF inpatient noutine cost cap (line 205 times line 204)<br>4.00 Medicare swing-bed SNF discharges (see instructions)<br>2.00 Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)<br>4.00 Program relimbursement under the §410A Demonstration (see instructions)<br>2.00 Medicare swing-bed |         |   |                      | 0                          |                                   | 15.00                        |
| 6.55       Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)       0         6.99       Demonstration payment adjustment amount before sequestration       0         7.00       Aljuxed reinbursable bad debts (see instructions)       0         8.00       Allowable bad debts (see instructions)       0         9.01       Nature of inbursable bad debts (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment ARMM pass-throughs       0         9.03       Interim payments-PARMM       0         1.01       Tentative settlement (for contractor use only)       0         1.00       Tentative settlement (for contractor use only)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program PARMM (see instructions)       10         0.01       Interim payments (nonallowable cost report items) in accordance with CMS Pub. 15-2, 0       0         1.02       Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         00.01       Is the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "X" for yes or "N" for no. Cost Reimbursement       0  | 1       |   |                      | 0                          |                                   | 16.00<br>16.50               |
| adj ustment (seé instructions)       0         6.90       Demonstration payment adj ustment amount before sequestration       0         7.01       Allowable bad debts (see instructions)       0         7.01       Adjusted reimbursable bad debts for dual eligible beneficiaries (see instructions)       0         9.00       Total (see instructions)       0         9.01       Sequestration adjustment amount after sequestration)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment.PARHM pass-throughs       0         9.01       Interim payments.       0         9.02       Demonstrative settlement (for contractor use only)       0         1.01       Tentative settlement (for contractor use only)       0         1.01       Tentative settlement (nonallowable cost report items) in accordance with CMS Pub. 15-2, cost chapter 1, §115.2       0         Chapter 1, \$115.2       Century Cures Act? Enter "V" for yes or "N" for no.       cost form Wkst. D-1, Pt. 11, line 66 (title XVII hospital Demonstration Project (\$410A Demonstration) Adjustment         01.00       Medicare swing-bed SNF inpatient couline service costs (from Wkst. D-1, Pt. 11, line 66 (title XVII hospital))       0         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVII hos  | 1       |   | on) payment          |                            |                                   | 16. 5!                       |
| 7.00       Allowable bad debts (see instructions)       0         7.01       Adjusted reimbursable bad debts (see instructions)       0         8.01       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         9.00       Total (see instructions)       0         9.01       Sequestration adjustment (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment (for contractor use only)       0         0.01       Interim payments       0         0.01       Interim payments       0         0.01       Tentative settlement (for contractor use only)       0         1.01       Tentative settlement-PARHM (for contractor use only)       0         1.01       Tentative settlement (see instructions)       0         3.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 0       0         chapter 1. §115.2       Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         0.01       Ist for ear swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))       0         0.01       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII hospital))  |         |   |                      |                            |                                   |                              |
| 7.01       Adjusted reimbursable bad debts (see instructions)       0         8.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         9.00       Total (see instructions)       0         9.01       Sequestration adjustment (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment-PARHM pass-throughs       0         9.01       Interim payments-PARHM       0         9.02       Interim payments-PARHM (for contractor use only)       0         9.03       Interim payments-PARHM (for contractor use only)       0         9.04       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         9.05       Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$115.2       0         8.00       Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, contert y Ures Act? Enter "Y" for yes or "N" for no.       0         9.00       Modia Care swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. 11, line 66 (title XVIII musing-bed SNF)       0         9.10.01       Modia Care swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF)       0         9.10.00       Modi care swing-bed SNF i  |         |   |                      | 0                          |                                   | 16. 9                        |
| 8.00       Al <sup>1</sup> owable bad debts for dual eligible beneficiaries (see instructions)       0         9.00       Total (see instructions)       0         9.01       Sequestration adjustment (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment-PARHM pass-throughs       0         9.01       Interim payments-PARHM       0         9.02       Demonstrative settlement (for contractor use only)       0         9.01       Tentative settlement (for contractor use only)       0         9.02       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         9.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         00.00       Is the first year of the current 5-year demonstration period under the 21st contry Cures Act? Enter "Y" for yes or "N" for no.       0         0.01       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. 11, line 66 (title XVIII hospital))       0         0.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII hospital))       0         0.00       Medicare swing-bed SNF inpatient coutine cost   |         |   |                      | 0                          |                                   | 17.00                        |
| 9.00       Total (see instructions)       0         9.01       Sequestration adjustment (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment-PARHM pass-throughs       0         0.01       Interim payments       0         0.01       Interim payments-PARHM       0         1.00       Tentative settlement-PARHM (for contractor use only)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program PARHM (see instructions)       0         3.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 0       0         chapter 1, §115.2       Entry Cures Act? Enter "Y" for yes or "N" for no.       Cost Relmbursement         001.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. 11, line 66 (title XVIII hospital))       0         02.00       Medicare swing-bed SNF discharges (see instructions)       0         03.00       Total (sum of Lines 201 and 202)       0         04.00       Medicare swing-bed SNF discharges (see instructions)       0   |         | <b>,</b>  | ions)                | 0                          |                                   | 17. 0 <sup>.</sup><br>18. 0( |
| 9.01       Sequestration adjustment (see instructions)       0         9.02       Demonstration payment adjustment amount after sequestration)       0         9.03       Sequestration adjustment / ARHM pass-throughs       0         0.00       Interim payments-PARHM       0         1.00       Tentative settlement (for contractor use only)       0         1.01       Tentative settlement (for contractor use only)       0         2.00       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.00       Balance due provider/program -PARHM (see instructions)       0         2.00       Balance due provider/program-PARHM (see instructions)       0         3.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 0       0         chapter 1, §115.2       Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         00.00       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.       0         01.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-1, Pt. 11, line 66 (tite XVII hospital))       0         02.00       Medicare swing-bed SNF)       0       0         03.00       Total (sum of lines 201 and 202)       0       0   |         | <b>o</b> .  | 1013)                | 0                          |                                   | 19.00                        |
| 9.03       Sequestration adjustment-PARHM pass-throughs       0         0.00       Interim payments       0         0.01       Interim payments-PARHM       0         1.00       Tentative settlement (for contractor use only)       0         1.01       Tentative settlement-PARHM (for contractor use only)       0         1.01       Tentative settlement-PARHM (for contractor use only)       0         2.00       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         8.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       00       00         00.00       Is this the first year of the current 5-year demonstration period under the 21st Cost Reimbursement       0         01.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. 11, line 66 (title XVIII hospital))       0         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))       0         03.00       Otal (sum of lines 201 and 202)       0       0         04.00       Medicare swing-bed SNF target amount       0       0         05.00       Medicare swing-bed SNF target amount       0       0<   |         | •   |                      | 0                          |                                   | 19. 01                       |
| 0.00       Interim payments       0         0.01       Interim payments-PARHM       0         0.01       Tentative settlement (for contractor use only)       0         1.00       Tentative settlement-PARHM (for contractor use only)       0         2.00       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.02       Chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         00.01       Is this the first year of the current 5-year demonstration period under the 21st       0         Century Cures Act2 Enter "Y" for yes or "N" for no.       Cost Reimbursement       0         01.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-1, Pt. 11, line 66 (title XVIII swing-bed SNF))       0         02.00       Ottal (sum of lines 201 and 202)       0       0         03.00       Total (sum of lines 201 and 202) <td< td=""><td></td><td></td><td></td><td>0</td><td></td><td>19. 02</td></td<>   |         |   |                      | 0                          |                                   | 19. 02                       |
| 0.01       Interim payments-PARHM       0         1.00       Tentative settlement (for contractor use only)       0         1.01       Tentative settlement (for contractor use only)       0         2.00       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program-PARHM (see instructions)       0         3.00       Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0       0         00.01       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.       Cost Reimbursement         01.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))       0         02.00       Medicare swing-bed SNF discharges (see instructions)       0       0         03.00       Total (sum of lines 201 and 202)       0       0         04.00       Medicare swing-bed SNF discharges (see instructions)       0       0         05.00       Medicare swing-bed SNF target amount       0       0       0         05   |         |   |                      |                            |                                   | 19.0                         |
| 1.00       Tentative settlement (for contractor use only)       0         1.01       Tentative settlement-PARHM (for contractor use only)       0         2.00       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program-PARHM (see instructions)       0         3.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         00.00       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. Cost Reimbursement       0         01.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))       0         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF)       0         03.00       Total (sum of lines 201 and 202)       0       0         04.00       Medicare swing-bed SNF target amount       0       0         05.00       Medicare swing-bed SNF target amount       0       0         06.00       Medicare swing-bed SNF target amount       0       0         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)  |         | 1 5   |                      | 0                          |                                   | 20. 00<br>20. 0 <sup>.</sup> |
| 1.01       Tentative settlement-PARHM (for contractor use only)       0         2.00       Balance due provider/program (line 19 minus lines 19.01, 20, and 21)       0         2.01       Balance due provider/program.PARHM (see instructions)       0         3.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         00.00       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.       0         Cost Reimbursement       0       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))       0         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))       0         03.00       Total (sum of lines 201 and 202)       0         04.00       Medicare swing-bed SNF target amount       0         05.00       Medicare swing-bed SNF target amount       0         05.00       Medicare swing-bed SNF target amount       0         05.00       Medicare swing-bed SNF target amount       0         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)       0         06.00  | 1       | 1 5   |                      | 0                          |                                   | 20.0<br>21.0(                |
| 12.01       Balance due provider/program-PARHM (see instructions)       0         13.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       0         100.00       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. Cost Reimbursement       0         101.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))       0         102.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))       0         103.00       Total (sum of lines 201 and 202)       0         104.00       Medicare swing-bed SNF discharges (see instructions)       0         105.00       Medicare swing-bed SNF target amount Limitation (N/A in first year of the current 5-year demonstration period)       0         105.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)       0         106.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)       0         106.00       Medicare Part A Swing-Bed SNF Inpatient Reimbursement       0         107.00       Program reimbursement under the §410A Demonstration (see instructions)       0   |         |   |                      | _                          |                                   | 21.0                         |
| 3.00       Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2       0         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment       00         00.00       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. Cost Reimbursement       0         01.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))       0         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))       0         03.00       Total (sum of lines 201 and 202)       0       0         04.00       Medicare swing-bed SNF target amount Limitation (N/A in first year of the current 5-year demonstration period)       0         05.00       Medicare swing-bed SNF target amount       0       0         06.00       Medicare swing-bed SNF target amount       0       0         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)       0         07.00       Program reimbursement under the §410A Demonstration (see instructions)       0       0         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1       0         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2,  | 1       |   | 21)                  | 0                          |                                   | 22.00                        |
| chapter 1, §115.2         Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment         00.00       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.         Cost Reimbursement         01.00         Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line         66 (title XVIII hospital))         02.00         Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line         200 (title XVIII swing-bed SNF))         03.00         Total (sum of lines 201 and 202)         04.00         Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)         05.00       Medicare swing-bed SNF target amount         06.00       Medicare swing-bed SNF target amount         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         07.00       Program reimbursement under the §410A Demonstration (see instructions)         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)  |         |   |                      |                            |                                   | 22.0                         |
| Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment         100.00       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.         Cost Reimbursement         101.00         Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line         66 (title XVIII hospital))         102.00         Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line         200 (title XVIII swing-bed SNF)         103.00         Total (sum of lines 201 and 202)         104.00         Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)         105.00         Medicare swing-bed SNF target amount         106.00         Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         107.00         Program reimbursement under the §410A Demonstration (see instructions)         108.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1         108.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1  |         |   | WITH CMS PUD. 15-2,  | 0                          |                                   | 23.00                        |
| 00.00       Is this the first year of the current 5-year demonstration period under the 21st<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement         01.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line<br>66 (title XVIII hospital))         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line<br>200 (title XVIII swing-bed SNF))         03.00       Total (sum of lines 201 and 202)         04.00       Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration<br>period)         05.00       Medicare swing-bed SNF target amount<br>06.00         04.00       Medicare swing-bed SNF target amount<br>06.00         05.00       Medicare swing-bed SNF target amount<br>07.00         07.00       Program reimbursement under the \$410A Demonstration (see instructions)<br>08.00         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)  |         |   | on) Adjustment       |                            |                                   |                              |
| Cost Reimbursement         001.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line<br>66 (title XVIII hospital))         002.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line<br>200 (title XVIII swing-bed SNF))         003.00       Total (sum of lines 201 and 202)         004.00       Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration<br>period)         005.00       Medicare swing-bed SNF target amount         006.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adj ustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         007.00       Program reimbursement under the \$410A Demonstration (see instructions)         008.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)  | 200.00  | Is this the first year of the current 5-year demonstration period |                      |                            | 20                                | 00.00                        |
| 01.00       Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line<br>66 (title XVIII hospital))         02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line<br>200 (title XVIII swing-bed SNF))         03.00       Total (sum of lines 201 and 202)         04.00       Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration<br>period)         05.00       Medicare swing-bed SNF target amount         06.01       Medicare swing-bed SNF target amount         06.02       Medicare swing-bed SNF target amount         06.03       Medicare swing-bed SNF target amount         06.04       Medicare swing-bed SNF target amount         07.00       Program reimbursement under the \$410A Demonstration (see instructions)         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)  |         |   |                      |                            |                                   |                              |
| 66 (title XVIII hospital))         202.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line         200 (title XVIII swing-bed SNF))         203.00       Total (sum of lines 201 and 202)         204.00       Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)         205.00       Medicare swing-bed SNF target amount         206.00       Medicare swing-bed SNF target amount         207.00       Program reimbursement under the §410A Demonstration (see instructions)         207.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1         207.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1   |         |   | D_1 Dt II line       |                            | 21                                | 01.00                        |
| 02.00       Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line<br>200 (title XVIII swing-bed SNF))         03.00       Total (sum of lines 201 and 202)         04.00       Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration<br>period)         05.00       Medicare swing-bed SNF target amount         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         07.00       Program reimbursement under the §410A Demonstration (see instructions)         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)  |         |   | D-I, FL. II, IIIIe   |                            | 20                                | 01.00                        |
| 03.00       Total (sum of lines 201 and 202)         04.00       Medicare swing-bed SNF discharges (see instructions)         Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)         05.00       Medicare swing-bed SNF target amount         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         07.00       Program reimbursement under the §410A Demonstration (see instructions)         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)   |         |   | st. D-3, col. 3, lin | e                          | 20                                | 02.00                        |
| 04.00       Medicare swing-bed SNF discharges (see instructions)       Image: Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)         05.00       Medicare swing-bed SNF target amount       Image: Computation of Demonstration Computation (N/A in first year of the current 5-year demonstration period)         05.00       Medicare swing-bed SNF target amount       Image: Computation Computation (N/A in first year of the current 5-year demonstration period)         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)       Image: Computation Computent Computation Computat  |         |   |                      |                            | -                                 |                              |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration<br>period)<br>05.00 Medicare swing-bed SNF target amount<br>06.00 Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)<br>Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement<br>07.00 Program reimbursement under the §410A Demonstration (see instructions)<br>08.00 Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)  |         |   |                      |                            |                                   | 03.00                        |
| period)       period)         05.00       Medicare swing-bed SNF target amount         06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         07.00       Program reimbursement under the §410A Demonstration (see instructions)         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)  |         |   | st year of the curre | nt 5-vear demonst          |                                   | 04.00                        |
| 06.00       Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)         Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         07.00       Program reimbursement under the §410A Demonstration (see instructions)         08.00       Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)   |         |   | or your or the ourre |                            | ratron                            |                              |
| Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement         07.00 Program reimbursement under the §410A Demonstration (see instructions)         08.00 Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)   |         |   |                      |                            |                                   | 05.00                        |
| 07.00 Program reimbursement under the §410A Demonstration (see instructions)<br>08.00 Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)   |         |   |                      |                            | 20                                | 06.00                        |
| 08.00 Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1<br>and 3)   |         |   |                      |                            |                                   | 07.00                        |
| and 3)   |         |   |                      | 1                          |                                   | 07.00                        |
| 09.00 Adjustment to Medicare swing-bed SNF PPS payments (see instructions)   |         |   |                      |                            |                                   | 00.0                         |
|  |         |   | ons)                 |                            |                                   | 09.00                        |
| 10.00 Reserved for future use  |         |   |                      |                            | 2                                 | 10.00                        |
| Comparision of PPS versus Cost Reimbursement<br>15.00 Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see   |         |   | plus lino 210) (ccc  |                            |                                   | 15.00                        |

| ALCUL        | ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 15-1331     | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E-3<br>Part V<br>Date/Time Pre<br>6/28/2021 3:1 | pare |
|--------------|--|---------------------------|---|---|------|
|              |  | Title XVIII               | Hospi tal                                   | Cost  |      |
|              |  |                           |   |   |      |
|              |  |                           |   | 1.00  |      |
|              | PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE  | E PART A SERVICES - COST  | REIMBURSEMENT                               |   | 4    |
| . 00         | Inpatient services   |                           |   | 5, 379, 832   |      |
| 00           | Nursing and Allied Health Managed Care payment (see instructi  | ions)                     |   | 0   |      |
| 00           | Organ acquisition  |                           |   | 0   |      |
| 00           | Subtotal (sum of lines 1 through 3)  |                           |   | 5, 379, 832   |      |
| 00           | Primary payer payments   |                           |   | E 432 (20   | 5    |
| 00           | Total cost (line 4 less line 5). For CAH (see instructions)<br>COMPUTATION OF LESSER OF COST OR CHARGES                        |                           |   | 5, 433, 630   | °    |
|              | Reasonable charges   |                           |   |   | +    |
| 00           | Routi ne servi ce charges  |                           |   | 0   | 1 7  |
| 00           | Ancillary service charges  |                           |   | 0   |      |
| 00           | Organ acquisition charges, net of revenue  |                           |   | 0   |      |
| 0. 00        | Total reasonable charges   |                           |   | 0   | 10   |
|              | Customary charges  |                           |   |   |      |
| . 00         | Aggregate amount actually collected from patients liable for   |                           |   | 0   |      |
| . 00         | Amounts that would have been realized from patients liable for   |                           | n a charge basis                            | 0   | 12   |
|              | had such payment been made in accordance with 42 CFR 413.13(e  | e)                        |   |   |      |
| . 00         | Ratio of line 11 to line 12 (not to exceed 1.000000)   |                           |   | 0.000000  |      |
| . 00         | Total customary charges (see instructions)   | alvifling 14 avoada li    | no () (coo                                  | 0   |      |
| . 00         | Excess of customary charges over reasonable cost (complete or<br>instructions)   | niy if iine 14 exceeds ii | ne 6) (see                                  | 0   | 15   |
| 5.00         | Excess of reasonable cost over customary charges (complete or  | nlvifline 6 exceeds lin   | e 14) (see                                  | 0   | 16   |
| . 00         | instructions)  |                           |   | 0   | '    |
| 7.00         | Cost of physicians' services in a teaching hospital (see inst  | tructions)                |   | 0   | 17   |
|              | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |                           |   |   |      |
| 8. 00        | Direct graduate medical education payments (from Worksheet E-  | -4, line 49)              |   | 0   |      |
| . 00         | Cost of covered services (sum of lines 6, 17 and 18)   |                           |   | 5, 433, 630   |      |
| . 00         | Deductibles (exclude professional component)   |                           |   | 428, 016  |      |
| . 00         | Excess reasonable cost (from line 16)  |                           |   | 0   |      |
| 2.00<br>3.00 | Subtotal (line 19 minus line 20 and 21)<br>Coinsurance   |                           |   | 5,005,614   |      |
| . 00         | Subtotal (line 22 minus line 23)   |                           |   | 1, 056<br>5, 004, 558                                     |      |
| . 00         | Allowable bad debts (exclude bad debts for professional servi  | ices) (see instructions)  |   | 40, 539   |      |
| . 00         | Adjusted reimbursable bad debts (see instructions)   |                           |   | 26, 350   |      |
| 7.00         | Allowable bad debts for dual eligible beneficiaries (see inst  | tructions)                |   | 11, 935   |      |
| 3.00         | Subtotal (sum of lines 24 and 25, or line 26)  |                           |   | 5, 030, 908   |      |
| . 00         | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                           |   | 0   |      |
| . 50         | Pioneer ACO demonstration payment adjustment (see instruction  | ns)                       |   | 0   |      |
| 9. 99        | Demonstration payment adjustment amount before sequestration   | -                         |   | 0   |      |
| 0. 00        | Subtotal (see instructions)  |                           |   | 5, 030, 908   | 30   |
| . 01         | Sequestration adjustment (see instructions)  |                           |   | 33, 204   |      |
| . 02         | Demonstration payment adjustment amount after sequestration  |                           |   | 0   |      |
| . 03         | Sequestration adjustment-PARHM   |                           |   |   | 30   |
| . 00         | Interim payments   |                           |   | 3, 445, 345   |      |
| . 01         | Interim payments-PARHM   |                           |   | -   | 31   |
| . 00         | Tentative settlement (for contractor use only)   |                           |   | 0   |      |
| 2.01         | Tentative settlement-PARHM (for contractor use only)   | 22 $21$ and $22$          |   | 1 550 250   | 32   |
| . 00<br>. 01 | Balance due provider/program (line 30 minus lines 30.01, 30.0<br>Balance due provider/program-PARHM (lines 2, 3, 18, and 26, m |                           | and 22 01)                                  | 1, 552, 359   | 33   |
| . 01<br>. 00 | Protested amounts (nonallowable cost report items) in accorda  |                           |   | 0   |      |
| . 00         | §115. 2  | ance with GWB Fub. 15-2,  | chapter I,                                  | 0   | 1 34 |

|                | ancial Systems HARRISON COUN<br>IEET (If you are nonproprietary and do not maintain | Provider C       |              | eri od:                        | u of Form CMS-2<br>Worksheet G |          |
|----------------|---|------------------|--------------|--------------------------------|--------------------------------|----------|
| nd-type<br>ly) | accounting records, complete the General Fund column                                |                  | T T          | rom 01/01/2020<br>o 12/31/2020 | Date/Time Pre                  | pare     |
|                |   | General Fund     | Speci fi c   | Endowment Fund                 | 6/28/2021 3:1<br>Plant Fund    | 1 pr     |
|                |   |                  | Purpose Fund |                                |                                | <u> </u> |
| CURF           | RENT ASSETS   | 1.00             | 2.00         | 3.00                           | 4.00                           | _        |
|                | h on hand in banks  | 5, 584, 324      | 0            | 0                              | 0                              | 1        |
|                | porary investments  | 636, 619         |              | 0                              | 0                              |          |
|                | es recei vabl e   | C                | 0 0          | 0                              | 0                              |          |
|                | ounts receivable  | 7, 344, 260      |              | 0                              | 0                              |          |
|                | er recei vabl e   | 11, 394          | 0            | 0                              | 0                              |          |
|                | owances for uncollectible notes and accounts receivable entory                      | 1, 344, 625      | 0            | 0                              | 0                              |          |
|                | paid expenses   | 890, 784         |              | 0                              | 0                              |          |
|                | er current assets   | 0,704            | 0            | 0                              | 0                              |          |
|                | from other funds  |                  | 0 0          | 0                              | 0                              |          |
|                | al current assets (sum of lines 1-10)   | 15, 812, 006     | 0            | 0                              | 0                              |          |
|                | ED ASSETS   |                  |              |                                |                                |          |
| . 00 Lan       | d   | 3, 001, 138      | 0            | 0                              | 0                              | 12       |
|                | d improvements  | 3, 379, 433      |              | 0                              | 0                              |          |
|                | umulated depreciation   | -2, 582, 533     |              | 0                              | 0                              |          |
|                | l di ngs  | 41, 615, 649     |              | 0                              | 0                              |          |
|                | umulated depreciation   | -26, 825, 295    |              | 0                              | 0                              |          |
|                | sehold improvements   | 3, 605, 135      |              | 0                              | 0                              |          |
|                | umulated depreciation   | -762, 296        | 0            | 0                              | 0                              |          |
|                | ed equipment<br>umulated depreciation   |                  |              | 0                              | 0                              |          |
|                | omobiles and trucks   |                  |              | 0                              | 0                              |          |
|                | umul ated depreciation  |                  | 0            | 0                              | 0                              |          |
|                | or movable equipment  | 28, 709, 252     | 0            | 0                              | 0                              |          |
| 1 2            | umulated depreciation   | -25, 380, 106    |              | 0                              | 0                              |          |
|                | or equipment depreciable  | C                | 0 0          | 0                              | 0                              | 25       |
| . 00 Acc       | umulated depreciation   | c                | 0 0          | 0                              | 0                              | 20       |
| . OO   HI T    | designated Assets   | C C              | 0            | 0                              | 0                              | 27       |
| . 00 Acc       | umul ated depreciation  | C                | 0 0          | 0                              | 0                              | 1        |
|                | or equipment-nondepreciable   | C                | 0 0          | 0                              | 0                              |          |
|                | al fixed assets (sum of lines 12-29)  | 24, 760, 377     | 0            | 0                              | 0                              | 30       |
|                | ER ASSETS   | 0 000 747        | il o         |                                |                                | 1        |
|                | estments<br>osits on Leases   | 9, 292, 717      | 0            | 0                              | 0                              |          |
|                | from owners/officers  |                  | 0            | 0                              | 0                              |          |
|                | er assets   | -752, 669        | 0            | 0                              | 0                              |          |
|                | al other assets (sum of lines 31-34)  | 8, 540, 048      |              | 0                              | 0                              |          |
|                | al assets (sum of lines 11, 30, and 35)   | 49, 112, 431     |              |                                | 0                              |          |
|                | RENT LI ABI LI TI ES  | 1771127101       |              |                                |                                | 1 01     |
|                | ounts payable   | 2, 151, 815      | 0            | 0                              | 0                              | 37       |
| . 00   Sal ;   | aries, wages, and fees payable  | 2, 816, 293      | 0            | 0                              | 0                              | 38       |
|                | roll taxes payable  | C                | 0 0          | 0                              | 0                              |          |
|                | es and loans payable (short term)   | C                | 0 0          | 0                              | 0                              | 40       |
|                | erred income  | C                | 0 0          | 0                              | 0                              |          |
| 1              | elerated payments   | C                |              | _                              | _                              | 42       |
|                | to other funds  |                  | 0            | 0                              | 0                              |          |
|                | er current liabilities  | 4, 298, 524      |              |                                | 0                              |          |
|                | al current liabilities (sum of lines 37 thru 44)<br>G TERM LIABILITIES              | 9, 266, 632      | 0            | 0                              | 0                              | 45       |
|                | tgage payable   |                  | 0            | 0                              | 0                              | 46       |
|                | es payable  | 8, 093, 753      |              | 0                              | 0                              |          |
|                | ecured Loans  | c, 0, 0, 0, 0, 0 | 0 0          | 0                              | 0                              |          |
|                | er long term liabilities  |                  | o o          | Ő                              | 0                              |          |
|                | al long term liabilities (sum of lines 46 thru 49)                                  | 8, 093, 753      | 0            | 0                              | 0                              |          |
| . 00 Tot       | al liabilities (sum of lines 45 and 50)   | 17, 360, 385     |              | 0                              | 0                              | 51       |
|                | TAL ACCOUNTS  |                  |              |                                |                                |          |
|                | eral fund balance   | 31, 752, 046     |              |                                |                                | 52       |
|                | cific purpose fund  |                  | 0            |                                |                                | 53       |
|                | or created - endowment fund balance - restricted                                    |                  |              | 0                              |                                | 54       |
|                | or created - endowment fund balance - unrestricted                                  |                  |              | 0                              |                                | 55       |
|                | erning body created - endowment fund balance  |                  |              | 0                              | ~                              | 56       |
|                | nt fund balance - invested in plant   |                  |              |                                | 0                              |          |
|                | nt fund balance – reserve for plant improvement,<br>lacement, and expansion         |                  |              |                                | 0                              | 58       |
|                | al fund balances (sum of lines 52 thru 58)  | 31, 752, 046     | n -          | 0                              | 0                              | 59       |
|                | al liabilities and fund balances (sum of lines 51 and                               | 49, 112, 431     |              | 0                              | 0                              |          |
|                |   |                  | i v          | ۲ V                            | 0                              | 1        |

| Heal th   | Financial Systems  | HARRI SON COUNT  | Y HOSPITAL   |             |             | In Lie                     | eu of Form CMS- | 2552-10  |
|---|--|------------------|--|-------------|-------------|----------------------------|-----------------|--|
|   | IENT OF CHANGES IN FUND BALANCES   |                  | Provider CC  | CN: 15-1331 |             | eriod:<br>com 01/01/2020   | Worksheet G-    | epared:  |
|   |  | General          | Fund   | Speci al    | Pur         | pose Fund                  | Endowment Fund  | I  |
|   |  |                  |  |             |             |                            |                 |  |
|   |  | 1.00             | 2.00   | 3.00        |             | 4.00                       | 5.00            |  |
| $\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ \end{array}$ | Fund balances at beginning of period<br>Net income (loss) (from Wkst. G-3, line 29)<br>Total (sum of line 1 and line 2)<br>Additions (credit adjustments) (specify)<br>Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)<br>Deductions (debit adjustments) (specify)<br>Total deductions (sum of lines 12-17)<br>Fund balance at end of period per balance |                  | 33, 082, 336<br>-1, 330, 290<br>31, 752, 046<br>0<br>31, 752, 046<br>31, 752, 046<br>0<br>31, 752, 046 |             |             | 0<br>0<br>0<br>0<br>0<br>0 |                 | 5.00         6.00         7.00         8.00         9.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00 |
|   | sheet (line 11 minus line 18)  | Endowment Fund   | PI ant   | Fund        |             |                            |                 |  |
|   |  |                  | Franc  |             |             |                            |                 |  |
|   | 1  | 6.00             | 7.00   | 8.00        |             |                            |                 |  |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00  | Fund balances at beginning of period<br>Net income (loss) (from Wkst. G-3, line 29)<br>Total (sum of line 1 and line 2)<br>Additions (credit adjustments) (specify)  | 0                | 0<br>0<br>0<br>0<br>0  |             | 0           |                            |                 | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00   |
| 10. 00<br>11. 00<br>12. 00<br>13. 00<br>14. 00<br>15. 00<br>16. 00<br>17. 00<br>18. 00<br>19. 00  | Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)<br>Deductions (debit adjustments) (specify)<br>Total deductions (sum of lines 12-17)<br>Fund balance at end of period per balance<br>sheet (line 11 minus line 18)   | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0   |             | 0<br>0<br>0 |                            |                 | 10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00   |

|                | Financial Systems HARRISON COUNTY                                   | HOSPITAL     |                   | In Lieu of Form CMS-2552-10                 |               |          |  |  |  |
|----------------|---|--------------|-------------------|---|---------------|----------|--|--|--|
| STATE          | IENT OF PATIENT REVENUES AND OPERATING EXPENSES                     | Provider CC  | N: 15-1331        | Period:<br>From 01/01/2020<br>To 12/31/2020 | Date/Time Pre | pared:   |  |  |  |
|                | Cost Contor Description   |              | Innationt         | Outpatiant                                  | 6/28/2021 3:1 | 1 pm     |  |  |  |
|                | Cost Center Description   | -            | Inpatient<br>1.00 | Outpatient<br>2.00                          | Total<br>3.00 |          |  |  |  |
|                | PART I - PATIENT REVENUES   |              | 1.00              | 2.00  | 5.00          |          |  |  |  |
|                | General Inpatient Routine Services                                  |              |                   |   |               |          |  |  |  |
| 1.00           | Hospi tal   |              | 7, 259, 24        | 16  | 7, 259, 246   | 1.00     |  |  |  |
| 2.00           | SUBPROVIDER - IPF   |              |                   |   |               | 2.00     |  |  |  |
| 3.00           | SUBPROVIDER - IRF   |              |                   |   |               | 3.00     |  |  |  |
| 4.00           | SUBPROVI DER  |              |                   |   |               | 4.00     |  |  |  |
| 5.00           | Swing bed - SNF   |              |                   | 0   | 0             | 5.00     |  |  |  |
| 6.00           | Swing bed - NF  |              |                   | 0   | 0             |          |  |  |  |
| 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)            |              | 7, 259, 24        | 16  | 7, 259, 246   | 10.00    |  |  |  |
| 11 00          | Intensive Care Type Inpatient Hospital Services INTENSIVE CARE UNIT |              | 1 210 2           | 71  | 1, 219, 271   | 1 1 1 00 |  |  |  |
| 11.00<br>12.00 | CORONARY CARE UNIT  |              | 1, 219, 27        | / 1   | 1, 219, 271   | 11.00    |  |  |  |
| 12.00          | BURN INTENSIVE CARE UNIT  |              |                   |   |               | 12.00    |  |  |  |
| 14.00          | SURGI CAL I NTENSI VE CARE UNI T                                    |              |                   |   |               | 14.00    |  |  |  |
| 15.00          | OTHER SPECIAL CARE (SPECIFY)  |              |                   |   |               | 15.00    |  |  |  |
| 16.00          | Total intensive care type inpatient hospital services (sum of       | lines        | 1, 219, 27        | 71  | 1, 219, 271   |          |  |  |  |
| 101.00         | 11-15)  |              | .,,               |   | ., ,          |          |  |  |  |
| 17.00          | Total inpatient routine care services (sum of lines 10 and 16       |              | 8, 478, 51        | 17  | 8, 478, 517   | 17.00    |  |  |  |
| 18.00          | Ancillary services  |              | 20, 012, 89       | 94 135, 681, 795                            | 155, 694, 689 | 18.00    |  |  |  |
| 19.00          | Outpatient services   |              |                   | 0 7, 350                                    | 7, 350        | 19.00    |  |  |  |
| 20.00          | RURAL HEALTH CLINIC   |              |                   | 0 0   | 0             |          |  |  |  |
| 21.00          | FEDERALLY QUALIFIED HEALTH CENTER                                   |              |                   | 0 0   | 0             |          |  |  |  |
| 22.00          | HOME HEALTH AGENCY  |              |                   |   |               | 22.00    |  |  |  |
| 23.00          | AMBULANCE SERVICES  |              |                   | 0 9, 694, 443                               | 9, 694, 443   |          |  |  |  |
| 24.00          |   |              |                   |   |               | 24.00    |  |  |  |
| 25.00          | AMBULATORY SURGICAL CENTER (D. P. )                                 |              |                   |   |               | 25.00    |  |  |  |
| 26.00<br>27.00 | HOSPI CE<br>OTHER (SPECI FY)  |              |                   | 0 0   | 0             | 26.00    |  |  |  |
| 27.00          | Total patient revenues (sum of lines 17-27)(transfer column 3       | to Wkst      | 28, 491, 41       | 0   | -             |          |  |  |  |
| 20.00          | G-3. Line 1)  | LU WKSL.     | 20, 471, 4        | 11 145, 565, 566                            | 173,074,999   | 20.00    |  |  |  |
|                | PART II - OPERATING EXPENSES  |              |                   |   |               |          |  |  |  |
| 29.00          | Operating expenses (per Wkst. A, column 3, line 200)                |              |                   | 61, 068, 054                                |               | 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 (SPECI FY)   |              |                   | 0   |               | 37.00    |  |  |  |
| 38.00          |   |              |                   | 0   |               | 38.00    |  |  |  |
| 39.00          |   |              |                   | 0   |               | 39.00    |  |  |  |
| 40.00<br>41.00 |   |              |                   | 0   |               | 40.00    |  |  |  |
| 41.00          | Total deductions (sum of lines 37-41)                               |              |                   | 0   |               | 41.00    |  |  |  |
| +∠. UU         | Total operating expenses (sum of lines 29 and 36 minus line 4       | 2) (transfor |                   | 61, 068, 054                                |               | 42.00    |  |  |  |
| 43.00          |   |              |                   |   |               |          |  |  |  |

| Health Financial Systems           |  | HARRISON COUNTY  | HOSPI TAL             | In Lieu of Form CMS-2552-10      |                              |                    |
|------------------------------------|--|------------------|-----------------------|----------------------------------|------------------------------|--------------------|
| STATEMENT OF REVENUES AND EXPENSES |  |                  | Provider CCN: 15-1331 | Peri od:                         | Worksheet G-3                |                    |
|                                    |  |                  |                       | From 01/01/2020<br>To 12/31/2020 | Date/Time Prep               | bared <sup>.</sup> |
|                                    |  |                  |                       | 10 12/01/2020                    | 6/28/2021 3:11               |                    |
|                                    |  |                  |                       |                                  |                              |                    |
|                                    |  | · · · · ·        |                       |                                  | 1.00                         |                    |
| 1.00                               | Total patient revenues (from Wkst. G-2, Part                               | 173, 874, 999    | 1.00                  |                                  |                              |                    |
| 2.00                               | Less contractual allowances and discounts on                               |                  | 125, 995, 791         | 2.00                             |                              |                    |
| 3.00<br>4.00                       | Net patient revenues (line 1 minus line 2)                                 | 2 Dort II line / | 12)                   |                                  | 47, 879, 208<br>61, 068, 054 | 3.00<br>4.00       |
| 4.00<br>5.00                       |  |                  |                       |                                  |                              | 4.00<br>5.00       |
| 5.00                               | OTHER INCOME   | minus inte 4)    |                       |                                  | -13, 188, 846                | 5.00               |
| 6.00                               | Contributions, donations, bequests, etc                                    |                  |                       |                                  | 0                            | 6.00               |
| 7.00                               | Income from investments  |                  |                       |                                  | 13, 738                      | 7.00               |
| 8.00                               | Revenues from telephone and other miscellane                               |                  | 0                     | 8.00                             |                              |                    |
| 9.00                               | Revenue from television and radio service                                  |                  |                       |                                  | 0                            | 9.00               |
| 10.00                              | Purchase di scounts  |                  |                       |                                  | 518                          | 10.00              |
| 11.00                              | Rebates and refunds of expenses  |                  |                       |                                  | 0                            | 11.00              |
| 12.00                              | Parking lot receipts   |                  |                       |                                  | 0                            | 12.00              |
| 13.00                              | Revenue from laundry and linen service                                     |                  |                       |                                  | 0                            | 13.00              |
| 14.00                              | Revenue from meals sold to employees and gue                               | sts              |                       |                                  | 123, 850                     | 14.00              |
| 15.00                              | Revenue from rental of living quarters                                     |                  |                       |                                  | 0                            | 15.00              |
| 16.00                              | Revenue from sale of medical and surgical su                               |                  | nan patients          |                                  | 0                            | 16.00              |
| 17.00                              | Revenue from sale of drugs to other than pat                               |                  |                       |                                  | 0                            | 17.00              |
| 18.00                              | Revenue from sale of medical records and abs                               |                  |                       |                                  | 13, 821                      | 18.00              |
|                                    |  | ,                |                       |                                  | 0                            | 19.00              |
| 20. 00<br>21. 00                   | Revenue from gifts, flowers, coffee shops, a<br>Rental of vending machines | ind canteen      |                       |                                  | 0                            | 20. 00<br>21. 00   |
| 21.00                              | Rental of hospital space   |                  |                       |                                  | 219, 900                     |                    |
| 22.00                              | Governmental appropriations  |                  |                       |                                  | 31, 640                      |                    |
| 23.00                              | OTHER OPERATING INCOME   |                  |                       |                                  | 5, 255, 030                  |                    |
| 24.50                              | COVI D-19 PHE Funding  |                  |                       |                                  | 6, 200, 059                  |                    |
| 25.00                              | Total other income (sum of lines 6-24)                                     |                  |                       |                                  | 11, 858, 556                 |                    |
| 26.00                              | Total (line 5 plus line 25)  |                  |                       |                                  | -1, 330, 290                 |                    |
| 27.00                              | OTHER EXPENSES (SPECIFY)   |                  |                       |                                  | 0                            | 27.00              |
| 28.00                              | Total other expenses (sum of line 27 and sub                               | scripts)         |                       |                                  | 0                            | 28.00              |
| 29.00                              | Net income (or loss) for the period (line 26                               | minus line 28)   |                       |                                  | -1, 330, 290                 | 29.00              |