

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/19/2020 2:00 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 8/19/2020 Time: 2:00 pm
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOWARD REGIONAL HEALTH (15-0007) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HOLLY MILLARD
 Officer or Administrator of Provider(s)

NETWORK SR VP FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	250,571	53,763	0	0	1.00
2.00 Subprovider - IPF	0	0	0			2.00
3.00 Subprovider - IRF	0	0	0			3.00
5.00 Swing Bed - SNF	0	0	0			5.00
6.00 Swing Bed - NF	0	0	0			6.00
200.00 Total	0	250,571	53,763	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:00 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3500 SOUTH LAFOUNTAIN			PO Box:				1.00		
2.00	City: KOKOMO			State: IN		Zip Code: 46902		County: HOWARD		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			COMMUNITY HOWARD REGIONAL HEALTH	150007	29020	1	07/01/1966	N P O	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF								5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
18.00	Renal Dialysis								18.00	
19.00	Other								19.00	
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,160	221	0	11	4,113	4	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007			Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:00 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:00 pm	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:00 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	578,035	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0720	140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 2:00 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/26/2020		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/26/2020	Y	06/26/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 2:00 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BISHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 2:00 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	104	37,960	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		104	37,960	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		112	40,880	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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)		112				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,057	1,109	16,770			1.00
2.00 HMO and other (see instructions)	2,369	3,805				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,057	1,109	16,770			7.00
8.00 INTENSIVE CARE UNIT	624	0	1,469			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		591	834			13.00
14.00 Total (see instructions)	6,681	1,700	19,073	0.00	665.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			21			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	665.81	27.00
28.00 Observation Bed Days		540	2,512			28.00
29.00 Ambulance Trips	5					29.00
30.00 Employee discount days (see instruction)			105			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	4	117			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,672	247	4,953	1.00
2.00 HMO and other (see instructions)				577	938		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,672	247	4,953	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
8/19/2020 2:00 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	44,647,988	-204,847	44,443,141	1,384,883.00	32.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		168,990	0	168,990	1,140.00	148.24
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		344,134	0	344,134	4,813.00	71.50
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,520,310	308,063	5,828,373	211,432.00	27.57
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,685,151	0	1,685,151	23,686.00	71.15
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		509,149	0	509,149	6,828.00	74.57
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		8,537,031	0	8,537,031	223,346.00	38.22
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,309,844	0	9,309,844		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,609,560	0	1,609,560		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		11,632	0	11,632		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		49,110	0	49,110		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,225,016	0	2,225,016		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
8/19/2020 2:00 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	160,560	0	160,560	3,984.00	40.30	26.00
27.00	Administrative & General	4,511,713	-185,341	4,326,372	89,687.00	48.24	27.00
28.00	Administrative & General under contract (see inst.)	3,015,937	0	3,015,937	32,787.00	91.99	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,556,284	-13,836	1,542,448	64,730.00	23.83	30.00
31.00	Laundry & Linen Service	90,190	0	90,190	5,747.00	15.69	31.00
32.00	Housekeeping	1,024,639	-6,084	1,018,555	64,657.00	15.75	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	944,853	-595,359	349,494	26,471.00	13.20	34.00
35.00	Dietary under contract (see instructions)	125,695	0	125,695	2,080.00	60.43	35.00
36.00	Cafeteria	0	595,257	595,257	31,376.00	18.97	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	873,155	-1,261	871,894	24,441.00	35.67	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	525,734	0	525,734	13,640.00	38.54	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part III
Date/Time Prepared:
8/19/2020 2:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,445,486	-204,847	47,240,639	1,414,937.00	33.39	1.00
2.00	Excluded area salaries (see instructions)	5,520,310	308,063	5,828,373	211,432.00	27.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	41,925,176	-512,910	41,412,266	1,203,505.00	34.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,731,331	0	10,731,331	253,860.00	42.27	4.00
5.00	Subtotal wage-related costs (see inst.)	11,546,492	0	11,546,492	0.00	27.88	5.00
6.00	Total (sum of lines 3 thru 5)	64,202,999	-512,910	63,690,089	1,457,365.00	43.70	6.00
7.00	Total overhead cost (see instructions)	12,828,760	-206,624	12,622,136	359,600.00	35.10	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/19/2020 2:00 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,491,150 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			4,588,287 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,173,943 9.00
10.00	Dental, Hearing and Vision Plan			45,636 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			25,784 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			330,134 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			99,745 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,160,163 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			65,304 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,980,146 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,685,151	10,980,146	1.00
2.00	Hospital	1,685,151	9,370,586	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,609,560	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/19/2020 2:00 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.194400	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		29,519,794	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		93,754,320	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,225,840	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,881,397	811,853	7,693,250	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,337,744	811,853	2,149,597	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,337,744	811,853	2,149,597	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			714,047	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			278,092	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			427,834	27.01
28.00	Non-Medicare bad debt expense (see instructions)			286,213	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			205,382	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,354,979	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,354,979	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,180,342	4,180,342	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,667,647	2,667,647	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	160,560	201,612	362,172	-48,038	314,134	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,511,713	48,871,676	53,383,389	-4,019,323	49,364,066	5.00
7.00	00700	OPERATION OF PLANT	1,556,284	6,916,153	8,472,437	-1,354,296	7,118,141	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,190	304,426	394,616	-7,494	387,122	8.00
9.00	00900	HOUSEKEEPING	1,024,639	964,897	1,989,536	-27,098	1,962,438	9.00
10.00	01000	DIETARY	944,853	998,386	1,943,239	-1,314,133	629,106	10.00
11.00	01100	CAFETERIA	0	3,233	3,233	1,224,120	1,227,353	11.00
13.00	01300	NURSING ADMINISTRATION	873,155	295,684	1,168,839	-99,888	1,068,951	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	525,734	102,074	627,808	0	627,808	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	288,901	81,601	370,502	-161,019	209,483	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,116,395	4,628,529	14,744,924	-2,000,127	12,744,797	30.00
31.00	03100	INTENSIVE CARE UNIT	1,277,454	718,259	1,995,713	-155,048	1,840,665	31.00
43.00	04300	NURSERY	0	0	0	315,363	315,363	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,719,903	11,128,288	13,848,191	-8,018,011	5,830,180	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	935,113	935,113	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,653,276	1,549,208	3,202,484	-641,195	2,561,289	54.00
54.01	03480	ONCOLOGY	1,408,294	2,270,843	3,679,137	459,809	4,138,946	54.01
57.00	05700	CT SCAN	492,514	503,336	995,850	-169,365	826,485	57.00
58.00	05800	MRI	391,224	993,070	1,384,294	-395,778	988,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	702,298	3,430,081	4,132,379	-3,094,786	1,037,593	59.00
60.00	06000	LABORATORY	0	4,725,314	4,725,314	-8,233	4,717,081	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,200,254	495,578	1,695,832	-98,359	1,597,473	65.00
66.00	06600	PHYSICAL THERAPY	736,406	240,994	977,400	-406,688	570,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	310,198	310,198	67.00
68.00	06800	SPEECH PATHOLOGY	0	460	460	83,665	84,125	68.00
69.00	06900	ELECTROCARDIOLOGY	951,489	464,137	1,415,626	-25,857	1,389,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,131	31,361	58,492	-20,347	38,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	683,398	683,398	4,739,571	5,422,969	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,815,633	6,815,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,139,661	14,289,746	16,429,407	43,587	16,472,994	73.00
74.00	07400	RENAL DIALYSIS	0	300,076	300,076	-1,765	298,311	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	383,689	306,008	689,697	-78,397	611,300	75.01
76.00	03160	CARDIOPULMONARY	158,294	59,305	217,599	-1,703	215,896	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,550,404	1,616,399	4,166,803	-278,584	3,888,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	1,167,705	417,907	1,585,612	798,617	2,384,229	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	488,010	352,589	840,599	60,400	900,999	93.06
93.07	04957	CLINTON COUNTY	315,207	186,429	501,636	85,223	586,859	93.07
93.18	04968	PSYCH MEDICATION	527,637	172,477	700,114	-700,114	0	93.18
93.43	04993	NEW BEGINNINGS	33,305	71,510	104,815	1,351	106,166	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,191,999	821,617	2,013,616	-181,990	1,831,626	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,608,578	109,196,661	149,805,239	-586,997	149,218,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	69,832	20,200	90,032	-245	89,787	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,164,299	1,175,021	3,339,320	64,742	3,404,062	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	800	800	0	800	194.08
194.09	07959	MOBILE CLINIC	31,964	13,849	45,813	-2,016	43,797	194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 8/19/2020 2:00 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.10	07960 PLASTIC SURGERY	0	21,437	21,437	0	21,437	194.10
194.11	07961 KOKOMO SCHOOL BASED	1,773,315	344,353	2,117,668	524,516	2,642,184	194.11
194.15	07965 INDIANA SURGERY CENTER	0	37	37	0	37	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	44,647,988	110,772,358	155,420,346	0	155,420,346	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

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

Worksheet A
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	4,180,342	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,667,647	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,231,599	1,545,733	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-27,680,310	21,683,756	5.00
7.00	00700	OPERATION OF PLANT	-684,000	6,434,141	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	387,122	8.00
9.00	00900	HOUSEKEEPING	0	1,962,438	9.00
10.00	01000	DIETARY	-6,253	622,853	10.00
11.00	01100	CAFETERIA	-372,908	854,445	11.00
13.00	01300	NURSING ADMINISTRATION	1,334,420	2,403,371	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	845,917	845,917	16.00
17.00	01700	SOCIAL SERVICE	0	627,808	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PASTORAL CARE	-946	208,537	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	38,346	12,783,143	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,840,665	31.00
43.00	04300	NURSERY	0	315,363	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,830,180	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	935,113	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,169	2,557,120	54.00
54.01	03480	ONCOLOGY	148,474	4,287,420	54.01
57.00	05700	CT SCAN	-7,924	818,561	57.00
58.00	05800	MRI	-7,706	980,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,037,593	59.00
60.00	06000	LABORATORY	0	4,717,081	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,597,473	65.00
66.00	06600	PHYSICAL THERAPY	-16,280	554,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	310,198	67.00
68.00	06800	SPEECH PATHOLOGY	0	84,125	68.00
69.00	06900	ELECTROCARDIOLOGY	9,867	1,399,636	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	626,082	6,049,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,815,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	398,281	16,871,275	73.00
74.00	07400	RENAL DIALYSIS	0	298,311	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	611,300	75.01
76.00	03160	CARDIOPULMONARY	0	215,896	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	3,888,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	-768,978	1,615,251	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	-604,404	296,595	93.06
93.07	04957	CLINTON COUNTY	-265,008	321,851	93.07
93.18	04968	PSYCH MEDICATION	0	0	93.18
93.43	04993	NEW BEGINNINGS	-30,109	76,057	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,831,626	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-25,816,009	123,402,233	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	89,787	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,404,062	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	800	194.08
194.09	07959	MOBILE CLINIC	0	43,797	194.09
194.10	07960	PLASTIC SURGERY	0	21,437	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	2,642,184	194.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 8/19/2020 2:00 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.15	07965 INDIANA SURGERY CENTER	6.00	7.00	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	-25,816,009	129,604,337	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Chargeable Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	257,067		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,781,902		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
TOTALS			0	5,038,969		
B - Implantable Device Recl ass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		6,815,633		1.00
2.00						2.00
3.00			0	6,815,633		3.00
C - Drugs Charges to Pat						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		355		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		228,601		2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00			0	228,956		19.00
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,750,517		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
8/19/2020 2:00 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
TOTALS					
F - Infusion Equipment Rental					
1.00	ONCOLOGY	54.01	0	730,573	1.00
TOTALS					
G - STD BENEFIT RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,174	1.00
2.00	OPERATION OF PLANT	7.00	0	13,836	2.00
3.00	HOUSEKEEPING	9.00	0	6,084	3.00
4.00	DIETARY	10.00	0	102	4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,261	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	61,385	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	7,860	7.00
8.00	OPERATING ROOM	50.00	0	2,778	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,735	9.00
10.00	ONCOLOGY	54.01	0	2,878	10.00
11.00	MRI	58.00	0	1,075	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	7,894	12.00
13.00	RESPIRATORY THERAPY	65.00	0	13,731	13.00
14.00	PHYSICAL THERAPY	66.00	0	767	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	10,726	15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,467	16.00
17.00	WOUND CARE CENTER	75.01	0	813	17.00
18.00	EMERGENCY	91.00	0	21,902	18.00
19.00	GENESIS	93.01	0	6,136	19.00
20.00	HOWARD COUNTY CSS	93.06	0	6,426	20.00
21.00	PSYCH MEDICATION	93.18	0	603	21.00
22.00	AMBULANCE SERVICES	95.00	0	1,143	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,963	23.00
24.00	KOKOMO SCHOOL BASED	194.11	0	1,108	24.00
TOTALS					
H - Labor and Delivery					
1.00	NURSERY	43.00	217,885	97,478	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	646,072	289,041	2.00
TOTALS					
I - Cafeteria Salary					
1.00	CAFETERIA	11.00	595,257	628,983	1.00
TOTALS					
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	234,770	75,428	1.00
2.00	SPEECH PATHOLOGY	68.00	63,321	20,344	2.00
TOTALS					
K - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,082,870	1.00
TOTALS					
L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	97,472	1.00
TOTALS					
M - Psych Admin Recl ass					
1.00	GENESIS	93.01	253,385	475,374	1.00
2.00	HOWARD COUNTY CSS	93.06	8,856	16,615	2.00
3.00	CLINTON COUNTY	93.07	30,786	57,757	3.00
4.00	NEW BEGINNINGS	93.43	1,907	3,578	4.00
TOTALS					
N - Pastoral Ed Allied Health					
1.00	ADMINISTRATIVE & GENERAL	5.00	123,767	37,252	1.00
TOTALS					
O - Psych Medicine Clinic Recl ass					
1.00	GENESIS	93.01	52,660	17,198	1.00
2.00	HOWARD COUNTY CSS	93.06	26,330	8,599	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	52,660	17,198	3.00
4.00	KOKOMO SCHOOL BASED	194.11	395,384	129,132	4.00
TOTALS					
500.00	Grand Total: Increases		2,703,040	25,823,814	500.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
8/19/2020 2:00 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies						
1.00	OPERATION OF PLANT	7.00	0	4,906	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	7,494	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	466,973	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	98,130	0	4.00
5.00	OPERATING ROOM	50.00	0	1,947,304	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	307,358	0	6.00
7.00	ONCOLOGY	54.01	0	66,131	0	7.00
8.00	CT SCAN	57.00	0	98,750	0	8.00
9.00	MRI	58.00	0	87,881	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,513,127	0	10.00
11.00	LABORATORY	60.00	0	3,869	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	86,916	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	8,429	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	12,317	0	14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	59,184	0	15.00
16.00	RENAL DIALYSIS	74.00	0	1,072	0	16.00
17.00	WOUND CARE CENTER	75.01	0	14,572	0	17.00
18.00	CARDIOPULMONARY	76.00	0	1,703	0	18.00
19.00	EMERGENCY	91.00	0	186,809	0	19.00
20.00	CLINTON COUNTY	93.07	0	3,320	0	20.00
21.00	PSYCH MEDICATION	93.18	0	772	0	21.00
22.00	NEW BEGINNINGS	93.43	0	3,243	0	22.00
23.00	AMBULANCE SERVICES	95.00	0	53,694	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,015	0	24.00
	TOTALS		0	5,038,969		
B - Implantable Device Reclass						
1.00	OPERATING ROOM	50.00		5,575,785		1.00
2.00	CARDIAC CATHETERIZATION	59.00		1,192,918		2.00
3.00	WOUND CARE CENTER	75.01		46,930		3.00
			0	6,815,633		
C - Drugs Charges to Pat						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		35,517		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		882		2.00
3.00	ADULTS & PEDIATRICS	30.00		22,975		3.00
4.00	INTENSIVE CARE UNIT	31.00		4,782		4.00
5.00	OPERATING ROOM	50.00		10,338		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		5,129		6.00
7.00	ONCOLOGY	54.01		2,478		7.00
8.00	CT SCAN	57.00		63,540		8.00
9.00	MRI	58.00		29,660		9.00
10.00	CARDIAC CATHETERIZATION	59.00		25,541		10.00
11.00	RESPIRATORY THERAPY	65.00		274		11.00
12.00	ELECTROCARDIOLOGY	69.00		1,287		12.00
13.00	RENAL DIALYSIS	74.00		693		13.00
14.00	WOUND CARE CENTER	75.01		14,654		14.00
15.00	EMERGENCY	91.00		8,152		15.00
16.00	PSYCH MEDICATION	93.18		181		16.00
17.00	AMBULANCE SERVICES	95.00		756		17.00
18.00	PHYSICIANS' PRIVATE OFFICES	192.00		101		18.00
19.00	MOBILE CLINIC	194.09		2,016		19.00
			0	228,956		
D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,521	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,490,797	0	2.00
3.00	OPERATION OF PLANT	7.00	0	618,817	0	3.00
4.00	HOUSEKEEPING	9.00	0	27,098	0	4.00
5.00	DIETARY	10.00	0	89,893	0	5.00
6.00	CAFETERIA	11.00	0	120	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	99,888	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	259,703	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	52,136	0	9.00
10.00	OPERATING ROOM	50.00	0	484,584	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	328,708	0	11.00
12.00	ONCOLOGY	54.01	0	202,155	0	12.00
13.00	CT SCAN	57.00	0	7,075	0	13.00
14.00	MRI	58.00	0	278,237	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	363,200	0	15.00
16.00	LABORATORY	60.00	0	4,364	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	11,169	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	4,396	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	12,253	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,347	0	20.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
8/19/2020 2:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,686	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	125,830	0		22.00
23.00	WOUND CARE CENTER	75.01	0	2,241	0		23.00
24.00	EMERGENCY	91.00	0	83,623	0		24.00
25.00	NEW BEGINNINGS	93.43	0	891	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	127,540	0		26.00
27.00	COMMUNITY HOWARD FOUNDATION	190.01	0	245	0		27.00
	TOTALS		0	6,750,517			
F - Infusion Equipment Rental							
1.00	OPERATION OF PLANT	7.00	0	730,573			1.00
			0	730,573			
G - STD BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	14,174	0	0		1.00
2.00	OPERATION OF PLANT	7.00	13,836	0	0		2.00
3.00	HOUSEKEEPING	9.00	6,084	0	0		3.00
4.00	DIETARY	10.00	102	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	1,261	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	61,385	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	7,860	0	0		7.00
8.00	OPERATING ROOM	50.00	2,778	0	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	6,735	0	0		9.00
10.00	ONCOLOGY	54.01	2,878	0	0		10.00
11.00	MRI	58.00	1,075	0	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	7,894	0	0		12.00
13.00	RESPIRATORY THERAPY	65.00	13,731	0	0		13.00
14.00	PHYSICAL THERAPY	66.00	767	0	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	10,726	0	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	1,467	0	0		16.00
17.00	WOUND CARE CENTER	75.01	813	0	0		17.00
18.00	EMERGENCY	91.00	21,902	0	0		18.00
19.00	GENESIS	93.01	6,136	0	0		19.00
20.00	HOWARD COUNTY CSS	93.06	6,426	0	0		20.00
21.00	PSYCH MEDICATION	93.18	603	0	0		21.00
22.00	AMBULANCE SERVICES	95.00	1,143	0	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	13,963	0	0		23.00
24.00	KOKOMO SCHOOL BASED	194.11	1,108	0	0		24.00
	TOTALS		204,847	0			
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	863,957	386,519	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		863,957	386,519			
I - Cafeteria Salary							
1.00	DIETARY	10.00	595,257	628,983	0		1.00
	TOTALS		595,257	628,983			
J - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	298,091	95,772	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		298,091	95,772			
K - Depreciation Expense							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,082,870	9		1.00
	TOTALS		0	4,082,870			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	97,472	12		1.00
	TOTALS		0	97,472			
M - Psych Admin Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	294,934	553,324	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		294,934	553,324			
N - Pastoral Ed Allied Health							
1.00	PASTORAL CARE	23.00	123,767	37,252	0		1.00
	TOTALS		123,767	37,252			
O - Psych Medicine Clinic Recl ass							
1.00	PSYCH MEDICATION	93.18	527,034	172,127	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		527,034	172,127			
500.00	Grand Total: Decreases		2,907,887	25,618,967			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,583,000	0	0	0	0	1.00
2.00	Land Improvements	4,193,828	0	0	0	0	2.00
3.00	Buildings and Fixtures	101,895,179	6,985,018	0	6,985,018	4,101,323	3.00
4.00	Building Improvements	112,695	26,724	0	26,724	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	27,565,029	4,000,521	0	4,000,521	3,240	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	138,349,731	11,012,263	0	11,012,263	4,104,563	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	138,349,731	11,012,263	0	11,012,263	4,104,563	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,583,000	0				1.00
2.00	Land Improvements	4,193,828	0				2.00
3.00	Buildings and Fixtures	104,778,874	0				3.00
4.00	Building Improvements	139,419	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	31,562,310	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	145,257,431	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	145,257,431	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part II
Date/Time Prepared:
8/19/2020 2:00 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part III
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	113,695,121	0	113,695,121	0.782715	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,562,310	0	31,562,310	0.217285	0	2.00
3.00	Total (sum of lines 1-2)	145,257,431	0	145,257,431	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,082,870	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,667,647	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,750,517	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	97,472	0	0	4,180,342	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,667,647	2.00
3.00	Total (sum of lines 1-2)	0	97,472	0	0	6,847,989	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-4,464		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-210,558				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,898,015				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-372,908		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
33.01 Misc Revenue	B	-946	PASTORAL CARE		23.00	0	33.01
33.02 Misc Revenue	B	-9,311	ELECTROCARDIOLOGY		69.00	0	33.02
33.03 LEASE REVENUE	B	-684,000	OPERATION OF PLANT		7.00	0	33.03
34.00 HAF Tax Offset	A	-8,041,791	ADMINISTRATIVE & GENERAL		5.00	0	34.00
34.01 Non-Allow Interest Expense	A	-29,965	ADMINISTRATIVE & GENERAL		5.00	0	34.01
34.02 Charitable Contributions-Offset	A	-92,333	ADMINISTRATIVE & GENERAL		5.00	0	34.02
34.03 Charitable Contributions-Offset	A	-500	NURSING ADMINISTRATION		13.00	0	34.03
34.04 Advertising Expense Offset	A	-46,737	ADMINISTRATIVE & GENERAL		5.00	0	34.04
34.05 Governing Board-Offset	A	-3,169	ADMINISTRATIVE & GENERAL		5.00	0	34.05
34.06 BH Professional Billing Expense	A	-768,978	GENESIS		93.01	0	34.06
34.07 BH Professional Billing Expense	A	-540,497	HOWARD COUNTY CSS		93.06	0	34.07
34.08 BH Professional Billing Expense	A	-265,008	CLINTON COUNTY		93.07	0	34.08
34.09 BH Professional Billing Expense	A	-30,109	NEW BEGINNINGS		93.43	0	34.09
35.00 Bad Debt	A	-8,746,560	ADMINISTRATIVE & GENERAL		5.00	0	35.00
35.01 Misc Revenue Rental Lease	B	-63,907	HOWARD COUNTY CSS		93.06	0	35.01
35.02 Vending Revenue	B	-6,253	DIETARY		10.00	0	35.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,816,009					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0007

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

Worksheet A-8-1

Date/Time Prepared:
8/19/2020 2:00 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	SPECIALTY PURCH SVCS-A&G	567,170	328,641 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SPECIALTY PURCH PATIENT SVCS	95,379	0 2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	SPECIALTY PURCH PATIENT SVCS	0	26,465 3.00
3.01	57.00	CT SCAN	SPECIALTY PURCH PATIENT SVCS	0	7,924 3.01
3.02	58.00	MRI	SPECIALTY PURCH PATIENT SVCS	0	7,706 3.02
3.03	66.00	PHYSICAL THERAPY	SPECIALTY PURCH PATIENT SVCS	0	16,280 3.03
3.04	69.00	ELECTROCARDIOLOGY	SPECIALTY PURCH PATIENT SVCS	0	7,847 3.04
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,231,599	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	13,480,376	24,463,407 4.01
4.02	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,334,920	0 4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	845,917	0 4.03
4.04	30.00	ADULTS & PEDIATRICS	HOME OFFICE	182,736	0 4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	22,296	0 4.05
4.06	54.01	ONCOLOGY	HOME OFFICE	148,474	0 4.06
4.07	69.00	ELECTROCARDIOLOGY	HOME OFFICE	27,025	0 4.07
4.08	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	398,281	0 4.08
4.09	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	626,082	0 4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,960,255	24,858,270 5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0007

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

Worksheet A-8-2

Date/Time Prepared:
8/19/2020 2:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	193,068	8,068	185,000	211,500	1,248	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	144,390	144,390	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			337,458	152,458	185,000		1,248	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	126,900	6,345	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			126,900	6,345	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	126,900	58,100	66,168	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	144,390	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	126,900	58,100	210,558	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,180,342	4,180,342			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,667,647		2,667,647		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,545,733	37,980	24,236	1,607,949	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,683,756	1,029,490	656,961	157,095	5.00
7.00 00700	OPERATION OF PLANT	6,434,141	424,633	270,975	56,008	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	387,122	21,957	14,012	3,275	8.00
9.00 00900	HOUSEKEEPING	1,962,438	23,720	15,136	36,985	9.00
10.00 01000	DIETARY	622,853	51,105	32,612	12,690	10.00
11.00 01100	CAFETERIA	854,445	60,575	38,655	21,614	11.00
13.00 01300	NURSING ADMINISTRATION	2,403,371	7,363	4,699	31,659	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	845,917	30,131	19,228	0	16.00
17.00 01700	SOCIAL SERVICE	627,808	0	0	19,090	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	208,537	8,751	5,584	5,996	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,783,143	570,748	364,217	333,738	30.00
31.00 03100	INTENSIVE CARE UNIT	1,840,665	52,918	33,769	46,100	31.00
43.00 04300	NURSERY	315,363	19,010	12,131	7,912	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,830,180	200,553	127,981	98,662	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	935,113	56,362	35,967	23,460	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,557,120	194,466	124,097	59,788	54.00
54.01 03480	ONCOLOGY	4,287,420	207,966	132,712	51,032	54.01
57.00 05700	CT SCAN	818,561	6,077	3,878	17,884	57.00
58.00 05800	MRI	980,810	0	0	14,167	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,037,593	42,537	27,145	25,215	59.00
60.00 06000	LABORATORY	4,717,081	49,677	31,701	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,597,473	44,502	28,399	43,084	65.00
66.00 06600	PHYSICAL THERAPY	554,432	6,887	4,395	15,888	66.00
67.00 06700	OCCUPATIONAL THERAPY	310,198	10,806	6,896	8,525	67.00
68.00 06800	SPEECH PATHOLOGY	84,125	4,558	2,908	2,299	68.00
69.00 06900	ELECTROCARDIOLOGY	1,399,636	1,053	672	34,160	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	38,145	3,231	2,062	985	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,049,051	65,214	41,615	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,815,633	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,871,275	34,627	22,097	77,640	73.00
74.00 07400	RENAL DIALYSIS	298,311	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	611,300	20,924	13,353	13,903	75.01
76.00 03160	CARDIOPULMONARY	215,896	0	0	5,748	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,888,219	231,554	147,764	91,812	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	1,615,251	0	0	53,291	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	296,595	0	0	18,764	93.06
93.07 04957	CLINTON COUNTY	321,851	0	0	12,563	93.07
93.18 04968	PSYCH MEDICATION	0	0	0	0	93.18
93.43 04993	NEW BEGINNINGS	76,057	0	0	1,279	93.43
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,831,626	17,521	11,181	43,241	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	123,402,233	3,536,896	2,257,038	1,445,552	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	89,787	0	0	2,536	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,404,062	305,093	194,692	79,993	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.08 07958 SOUTH BERKLEY BLDG	800	0	0	0	800	194.08
194.09 07959 MOBILE CLINIC	43,797	0	0	1,161	44,958	194.09
194.10 07960 PLASTIC SURGERY	21,437	0	0	0	21,437	194.10
194.11 07961 KOKOMO SCHOOL BASED	2,642,184	0	0	78,707	2,720,891	194.11
194.15 07965 INDIANA SURGERY CENTER	37	338,353	215,917	0	554,307	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	129,604,337	4,180,342	2,667,647	1,607,949	129,604,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	23,527,302					5.00
7.00	00700	1,593,758	8,779,515				7.00
8.00	00800	94,565	53,694	574,625			8.00
9.00	00900	452,078	58,004	0	2,548,361		9.00
10.00	01000	159,528	124,973	0	36,742	1,040,503	10.00
11.00	01100	216,313	148,130	0	43,551	0	11.00
13.00	01300	542,750	18,005	0	5,294	0	13.00
16.00	01600	198,567	73,681	0	21,662	0	16.00
17.00	01700	143,478	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	50,762	21,398	0	6,291	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,116,615	1,395,705	505,241	410,341	914,866	30.00
31.00	03100	437,700	129,406	44,258	38,046	80,139	31.00
43.00	04300	78,607	46,487	25,126	13,667	45,498	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,387,848	490,431	0	144,188	0	50.00
52.00	05200	233,084	137,827	0	40,521	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	651,070	475,546	0	139,812	0	54.00
54.01	03480	1,037,803	508,560	0	149,518	0	54.01
57.00	05700	187,726	14,860	0	4,369	0	57.00
58.00	05800	220,680	0	0	0	0	58.00
59.00	05900	251,179	104,020	0	30,582	0	59.00
60.00	06000	1,064,269	121,481	0	35,716	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	380,035	108,825	0	31,995	0	65.00
66.00	06600	128,996	16,841	0	4,951	0	66.00
67.00	06700	74,617	26,426	0	7,769	0	67.00
68.00	06800	20,824	11,145	0	3,277	0	68.00
69.00	06900	318,390	2,576	0	757	0	69.00
70.00	07000	9,853	7,901	0	2,323	0	70.00
71.00	07100	1,365,337	159,473	0	46,886	0	71.00
72.00	07200	1,511,667	0	0	0	0	72.00
73.00	07300	3,771,801	84,678	0	24,895	0	73.00
74.00	07400	66,164	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	146,269	51,168	0	15,044	0	75.01
76.00	03160	49,159	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	966,877	566,242	0	166,477	0	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	370,073	735,572	0	216,260	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	69,945	245,191	0	72,087	0	93.06
93.07	04957	74,171	0	0	0	0	93.07
93.18	04968	0	0	0	0	0	93.18
93.43	04993	17,153	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	422,200	42,846	0	12,597	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		21,881,911	5,981,092	574,625	1,725,618	1,040,503	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	20,477	0	0	0	0	190.01
192.00	19200	883,592	1,971,015	0	579,483	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.08	07958	177	0	0	0	0	194.08
194.09	07959	9,971	0	0	0	0	194.09
194.10	07960	4,755	0	0	0	0	194.10
194.11	07961	603,477	0	0	0	0	194.11
194.15	07965	122,942	827,408	0	243,260	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	23,527,302	8,779,515	574,625	2,548,361	1,040,503	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,383,283					11.00
13.00	01300	NURSING ADMINISTRATION	41,261	3,054,402				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,189,186			16.00
17.00	01700	SOCIAL SERVICE	24,844	58,938	0	874,158		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	7,803	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	456,064	1,500,405	108,820	768,606	0	30.00
31.00	03100	INTENSIVE CARE UNIT	65,148	226,254	13,683	67,328	0	31.00
43.00	04300	NURSERY	10,296	36,764	2,294	38,224	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	146,187	457,013	138,853	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,530	109,011	6,801	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,683	0	50,741	0	0	54.00
54.01	03480	ONCOLOGY	66,549	84,780	66,455	0	0	54.01
57.00	05700	CT SCAN	23,274	0	67,695	0	0	57.00
58.00	05800	MRI	5,964	8,100	27,131	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,187	75,423	97,462	0	0	59.00
60.00	06000	LABORATORY	0	0	109,839	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	56,718	0	19,780	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,974	0	3,466	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,094	0	1,877	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,992	0	506	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	44,963	36,829	29,091	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,282	0	266	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	40,360	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	36,745	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,110	0	196,696	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,189	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	18,131	43,648	6,846	0	0	75.01
76.00	03160	CARDIOPULMONARY	7,480	16,480	2,505	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	127,749	400,757	138,505	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	0	7,690	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	271	0	0	93.06
93.07	04957	CLINTON COUNTY	0	0	942	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
93.43	04993	NEW BEGINNINGS	0	0	56	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	12,621	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,383,283	3,054,402	1,189,186	874,158	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		11.00	13.00	16.00	17.00	19.00		
194.15	07965	INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,383,283	3,054,402	1,189,186	874,158	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PASTORAL CARE	315,122			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	315,122	23,543,631	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,075,414	0	31.00
43.00	04300	NURSERY	0	651,379	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	9,021,896	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,608,676	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,332,323	0	54.00
54.01	03480	ONCOLOGY	0	6,592,795	0	54.01
57.00	05700	CT SCAN	0	1,144,324	0	57.00
58.00	05800	MRI	0	1,256,852	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,724,343	0	59.00
60.00	06000	LABORATORY	0	6,129,764	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,310,811	0	65.00
66.00	06600	PHYSICAL THERAPY	0	756,830	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	458,208	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	132,634	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,868,127	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	66,048	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,767,936	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,364,045	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,184,819	0	73.00
74.00	07400	RENAL DIALYSIS	0	365,664	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	940,586	0	75.01
76.00	03160	CARDIOPULMONARY	0	297,268	0	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	6,725,956	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01	04951	GENESIS	0	2,998,137	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	702,853	0	93.06
93.07	04957	CLINTON COUNTY	0	409,527	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	93.18
93.43	04993	NEW BEGINNINGS	0	94,545	0	93.43
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	2,393,833	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	315,122	116,919,224	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	112,800	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,417,930	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	977	0	194.08
194.09	07959	MOBILE CLINIC	0	54,929	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
194.10	07960	PLASTIC SURGERY	0	26,192	0	26,192	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	3,324,368	0	3,324,368	194.11
194.15	07965	INDIANA SURGERY CENTER	0	1,747,917	0	1,747,917	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	315,122	129,604,337	0	129,604,337	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	37,980	24,236	62,216	62,216	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	70,288	1,029,490	656,961	1,756,739	6,079	5.00
7.00	00700	OPERATION OF PLANT	266,193	424,633	270,975	961,801	2,167	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	21,957	14,012	35,969	127	8.00
9.00	00900	HOUSEKEEPING	7,272	23,720	15,136	46,128	1,431	9.00
10.00	01000	DIETARY	37	51,105	32,612	83,754	491	10.00
11.00	01100	CAFETERIA	0	60,575	38,655	99,230	836	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,363	4,699	12,062	1,225	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,131	19,228	49,359	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	739	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	8,751	5,584	14,335	232	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77	570,748	364,217	935,042	12,912	30.00
31.00	03100	INTENSIVE CARE UNIT	6	52,918	33,769	86,693	1,784	31.00
43.00	04300	NURSERY	0	19,010	12,131	31,141	306	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	118,527	200,553	127,981	447,061	3,818	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	56,362	35,967	92,329	908	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	196,421	194,466	124,097	514,984	2,313	54.00
54.01	03480	ONCOLOGY	1,415,573	207,966	132,712	1,756,251	1,975	54.01
57.00	05700	CT SCAN	108,336	6,077	3,878	118,291	692	57.00
58.00	05800	MRI	457,814	0	0	457,814	548	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,669	42,537	27,145	71,351	976	59.00
60.00	06000	LABORATORY	0	49,677	31,701	81,378	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	47	44,502	28,399	72,948	1,667	65.00
66.00	06600	PHYSICAL THERAPY	0	6,887	4,395	11,282	615	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,806	6,896	17,702	330	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,558	2,908	7,466	89	68.00
69.00	06900	ELECTROCARDIOLOGY	121,823	1,053	672	123,548	1,322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,231	2,062	5,293	38	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21	65,214	41,615	106,850	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	362,884	34,627	22,097	419,608	3,004	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	17,700	20,924	13,353	51,977	538	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	222	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	231,554	147,764	379,318	3,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	311	0	0	311	2,062	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	7,567	0	0	7,567	726	93.06
93.07	04957	CLINTON COUNTY	70,104	0	0	70,104	486	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
93.43	04993	NEW BEGINNINGS	24,109	0	0	24,109	49	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	17,521	11,181	28,702	1,673	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,246,779	3,536,896	2,257,038	9,040,713	55,933	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	98	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	292,008	305,093	194,692	791,793	3,095	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	800	0	0	800	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.09 07959 MOBILE CLINIC	0	0	0	0	45	194.09
194.10 07960 PLASTIC SURGERY	21,437	0	0	21,437	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	3,141	0	0	3,141	3,045	194.11
194.15 07965 INDIANA SURGERY CENTER	0	338,353	215,917	554,270	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,564,165	4,180,342	2,667,647	10,412,154	62,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 2:00 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,762,818				5.00
7.00	00700	OPERATION OF PLANT	119,413	1,083,381			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,085	6,626	49,807		8.00
9.00	00900	HOUSEKEEPING	33,872	7,158	0	88,589	9.00
10.00	01000	DIETARY	11,953	15,422	0	1,277	112,897
11.00	01100	CAFETERIA	16,207	18,279	0	1,514	0
13.00	01300	NURSING ADMINISTRATION	40,666	2,222	0	184	0
16.00	01600	MEDICAL RECORDS & LIBRARY	14,878	9,092	0	753	0
17.00	01700	SOCIAL SERVICE	10,750	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PASTORAL CARE	3,803	2,641	0	219	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	233,514	172,228	43,793	14,265	99,265
31.00	03100	INTENSIVE CARE UNIT	32,795	15,969	3,836	1,323	8,695
43.00	04300	NURSERY	5,890	5,736	2,178	475	4,937
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,985	60,519	0	5,012	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,464	17,008	0	1,409	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,782	58,682	0	4,860	0
54.01	03480	ONCOLOGY	77,758	62,756	0	5,198	0
57.00	05700	CT SCAN	14,065	1,834	0	152	0
58.00	05800	MRI	16,535	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	18,820	12,836	0	1,063	0
60.00	06000	LABORATORY	79,741	14,991	0	1,242	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	28,474	13,429	0	1,112	0
66.00	06600	PHYSICAL THERAPY	9,665	2,078	0	172	0
67.00	06700	OCCUPATIONAL THERAPY	5,591	3,261	0	270	0
68.00	06800	SPEECH PATHOLOGY	1,560	1,375	0	114	0
69.00	06900	ELECTROCARDIOLOGY	23,855	318	0	26	0
70.00	07000	ELECTROENCEPHALOGRAPHY	738	975	0	81	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,298	19,679	0	1,630	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,262	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	282,631	10,449	0	865	0
74.00	07400	RENAL DIALYSIS	4,957	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	10,959	6,314	0	523	0
76.00	03160	CARDIOPULMONARY	3,683	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	72,444	69,874	0	5,787	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	27,728	90,769	0	7,518	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	5,241	30,256	0	2,506	0
93.07	04957	CLINTON COUNTY	5,557	0	0	0	0
93.18	04968	PSYCH MEDICATION	0	0	0	0	0
93.43	04993	NEW BEGINNINGS	1,285	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	31,634	5,287	0	438	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW - SNF					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,639,538	738,063	49,807	59,988	112,897
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	COMMUNITY HOWARD FOUNDATION	1,534	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66,203	243,217	0	20,145	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0
194.08	07958	SOUTH BERKLEY BLDG	13	0	0	0	0
194.09	07959	MOBILE CLINIC	747	0	0	0	0
194.10	07960	PLASTIC SURGERY	356	0	0	0	0
194.11	07961	KOKOMO SCHOOL BASED	45,216	0	0	0	0
194.15	07965	INDIANA SURGERY CENTER	9,211	102,101	0	8,456	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,762,818	1,083,381	49,807	88,589	112,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	136,066					11.00
13.00	01300	NURSING ADMINISTRATION	4,058	60,417				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	74,082			16.00
17.00	01700	SOCIAL SERVICE	2,444	1,166	0	15,099		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	768	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,864	29,681	6,770	13,276		30.00
31.00	03100	INTENSIVE CARE UNIT	6,408	4,475	851	1,163		31.00
43.00	04300	NURSERY	1,013	727	143	660		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,379	9,039	8,639	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,003	2,156	423	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,838	0	3,157	0		54.00
54.01	03480	ONCOLOGY	6,546	1,677	4,135	0		54.01
57.00	05700	CT SCAN	2,289	0	4,212	0		57.00
58.00	05800	MRI	587	160	1,688	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,264	1,492	6,064	0		59.00
60.00	06000	LABORATORY	0	0	6,834	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	5,579	0	1,231	0		65.00
66.00	06600	PHYSICAL THERAPY	2,063	0	216	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,091	0	117	0		67.00
68.00	06800	SPEECH PATHOLOGY	294	0	31	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,423	728	1,810	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126	0	17	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,511	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,286	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,945	0	12,332	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	74	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03950	WOUND CARE CENTER	1,783	863	426	0		75.01
76.00	03160	CARDIOPULMONARY	736	326	156	0		76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,565	7,927	8,617	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
93.01	04951	GENESIS	0	0	478	0		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0		93.03
93.04	04954	DR. STEELE	0	0	0	0		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0		93.05
93.06	04956	HOWARD COUNTY CSS	0	0	17	0		93.06
93.07	04957	CLINTON COUNTY	0	0	59	0		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0		93.18
93.43	04993	NEW BEGINNINGS	0	0	3	0		93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	785	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	136,066	60,417	74,082	15,099	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0		194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0		194.08
194.09	07959	MOBILE CLINIC	0	0	0	0		194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0		194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0		194.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0007			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		11.00	13.00	16.00	17.00	19.00		
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0		194.15	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16	
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers	0	0	0	0		0	201.00
202.00	TOTAL (sum lines 118 through 201)	136,066	60,417	74,082	15,099		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description	PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00 02300	PASTORAL CARE	21,998			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	1,605,610	0	1,605,610	30.00
31.00 03100	INTENSIVE CARE UNIT	163,992	0	163,992	31.00
43.00 04300	NURSERY	53,206	0	53,206	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	652,452	0	652,452	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	134,700	0	134,700	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	640,616	0	640,616	54.00
54.01 03480	ONCOLOGY	1,916,296	0	1,916,296	54.01
57.00 05700	CT SCAN	141,535	0	141,535	57.00
58.00 05800	MRI	477,332	0	477,332	58.00
59.00 05900	CARDIAC CATHETERIZATION	115,866	0	115,866	59.00
60.00 06000	LABORATORY	184,186	0	184,186	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	124,440	0	124,440	65.00
66.00 06600	PHYSICAL THERAPY	26,091	0	26,091	66.00
67.00 06700	OCCUPATIONAL THERAPY	28,362	0	28,362	67.00
68.00 06800	SPEECH PATHOLOGY	10,929	0	10,929	68.00
69.00 06900	ELECTROCARDIOLOGY	156,030	0	156,030	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	7,268	0	7,268	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	232,968	0	232,968	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	115,548	0	115,548	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	738,834	0	738,834	73.00
74.00 07400	RENAL DIALYSIS	5,031	0	5,031	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	73,383	0	73,383	75.01
76.00 03160	CARDIOPULMONARY	5,123	0	5,123	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	560,085	0	560,085	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01 04951	GENESIS	128,866	0	128,866	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	46,313	0	46,313	93.06
93.07 04957	CLINTON COUNTY	76,206	0	76,206	93.07
93.18 04968	PSYCH MEDICATION	0	0	0	93.18
93.43 04993	NEW BEGINNINGS	25,446	0	25,446	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	68,519	0	68,519	95.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW - SNF				114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	8,515,233	0	8,515,233
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	1,632	0	1,632	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,124,453	0	1,124,453	192.00
193.00 19300	NONPAID WORKERS	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	194.00
194.08 07958	SOUTH BERKLEY BLDG	813	0	813	194.08
194.09 07959	MOBILE CLINIC	792	0	792	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
194.10	07960	PLASTIC SURGERY		21,793	0	21,793	194.10
194.11	07961	KOKOMO SCHOOL BASED		51,402	0	51,402	194.11
194.15	07965	INDIANA SURGERY CENTER		674,038	0	674,038	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH		0	0	0	194.16
200.00		Cross Foot Adjustments	21,998	21,998	0	21,998	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,998	10,412,154	0	10,412,154	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	412,755				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		412,755			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	44,282,581		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	101,649	101,649	4,326,372	-23,527,302	106,077,035
7.00 00700	OPERATION OF PLANT	41,927	41,927	1,542,448	0	7,185,757
8.00 00800	LAUNDRY & LINEN SERVICE	2,168	2,168	90,190	0	426,366
9.00 00900	HOUSEKEEPING	2,342	2,342	1,018,555	0	2,038,279
10.00 01000	DIETARY	5,046	5,046	349,494	0	719,260
11.00 01100	CAFETERIA	5,981	5,981	595,257	0	975,289
13.00 01300	NURSING ADMINISTRATION	727	727	871,894	0	2,447,092
16.00 01600	MEDICAL RECORDS & LIBRARY	2,975	2,975	0	0	895,276
17.00 01700	SOCIAL SERVICE	0	0	525,734	0	646,898
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PASTORAL CARE	864	864	165,134	0	228,868
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	56,354	56,354	9,191,053	0	14,051,846
31.00 03100	INTENSIVE CARE UNIT	5,225	5,225	1,269,594	0	1,973,452
43.00 04300	NURSERY	1,877	1,877	217,885	0	354,416
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,802	19,802	2,717,125	0	6,257,376
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,565	5,565	646,072	0	1,050,902
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,201	19,201	1,646,541	0	2,935,471
54.01 03480	ONCOLOGY	20,534	20,534	1,405,416	0	4,679,130
57.00 05700	CT SCAN	600	600	492,514	0	846,400
58.00 05800	MRI	0	0	390,149	0	994,977
59.00 05900	CARDIAC CATHETERIZATION	4,200	4,200	694,404	0	1,132,490
60.00 06000	LABORATORY	4,905	4,905	0	0	4,798,459
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	4,394	4,394	1,186,523	0	1,713,458
66.00 06600	PHYSICAL THERAPY	680	680	437,548	0	581,602
67.00 06700	OCCUPATIONAL THERAPY	1,067	1,067	234,770	0	336,425
68.00 06800	SPEECH PATHOLOGY	450	450	63,321	0	93,890
69.00 06900	ELECTROCARDIOLOGY	104	104	940,763	0	1,435,521
70.00 07000	ELECTROENCEPHALOGRAPHY	319	319	27,131	0	44,423
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,439	6,439	0	0	6,155,880
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,815,633
73.00 07300	DRUGS CHARGED TO PATIENTS	3,419	3,419	2,138,194	0	17,005,639
74.00 07400	RENAL DIALYSIS	0	0	0	0	298,311
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03950	WOUND CARE CENTER	2,066	2,066	382,876	0	659,480
76.00 03160	CARDIOPULMONARY	0	0	158,294	0	221,644
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	22,863	22,863	2,528,502	0	4,359,349
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04951	GENESIS	0	0	1,467,614	0	1,668,542
93.02 04952	WOMEN'S CENTER	0	0	0	0	0
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04 04954	DR. STEELE	0	0	0	0	0
93.05 04955	DIABETIC EDUCATION	0	0	0	0	0
93.06 04956	HOWARD COUNTY CSS	0	0	516,770	0	315,359
93.07 04957	CLINTON COUNTY	0	0	345,993	0	334,414
93.18 04968	PSYCH MEDICATION	0	0	0	0	0
93.43 04993	NEW BEGINNINGS	0	0	35,212	0	77,336
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,730	1,730	1,190,856	0	1,903,569
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVIEW - SNF					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	349,223	349,223	39,810,198	-23,527,302	98,658,479
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	69,832	0	92,323
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,124	30,124	2,202,996	0	3,983,840
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	HEALTHY CHILDREN	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.08 07958 SOUTH BERKLEY BLDG	0	0	0	0	800	194.08
194.09 07959 MOBILE CLINIC	0	0	31,964	0	44,958	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	21,437	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	2,167,591	0	2,720,891	194.11
194.15 07965 INDIANA SURGERY CENTER	33,408	33,408	0	0	554,307	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,180,342	2,667,647	1,607,949		23,527,302	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.127902	6.463028	0.036311		0.221794	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			62,216		1,762,818	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001405		0.016618	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	354,488				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	19,073			8.00
9.00	00900	HOUSEKEEPING	2,342	0	349,978		9.00
10.00	01000	DIETARY	5,046	0	5,046	19,073	10.00
11.00	01100	CAFETERIA	5,981	0	5,981	0	29,272,879
13.00	01300	NURSING ADMINISTRATION	727	0	727	0	873,155
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	2,975	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	525,734
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PASTORAL CARE	864	0	864	0	165,134
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,354	16,770	56,354	16,770	9,651,273
31.00	03100	INTENSIVE CARE UNIT	5,225	1,469	5,225	1,469	1,378,653
43.00	04300	NURSERY	1,877	834	1,877	834	217,885
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,802	0	19,802	0	3,093,580
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,565	0	5,565	0	646,072
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	0	19,201	0	1,686,227
54.01	03480	ONCOLOGY	20,534	0	20,534	0	1,408,294
57.00	05700	CT SCAN	600	0	600	0	492,514
58.00	05800	MRI	0	0	0	0	126,209
59.00	05900	CARDIAC CATHETERIZATION	4,200	0	4,200	0	702,298
60.00	06000	LABORATORY	4,905	0	4,905	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,394	0	4,394	0	1,200,254
66.00	06600	PHYSICAL THERAPY	680	0	680	0	443,852
67.00	06700	OCCUPATIONAL THERAPY	1,067	0	1,067	0	234,770
68.00	06800	SPEECH PATHOLOGY	450	0	450	0	63,321
69.00	06900	ELECTROCARDIOLOGY	104	0	104	0	951,489
70.00	07000	ELECTROENCEPHALOGRAPHY	319	0	319	0	27,131
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,439	0	6,439	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,419	0	3,419	0	2,139,661
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	2,066	0	2,066	0	383,689
76.00	03160	CARDIOPULMONARY	0	0	0	0	158,294
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,863	0	22,863	0	2,703,390
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	29,700	0	29,700	0	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	9,900	0	9,900	0	0
93.07	04957	CLINTON COUNTY	0	0	0	0	0
93.18	04968	PSYCH MEDICATION	0	0	0	0	0
93.43	04993	NEW BEGINNINGS	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,730	0	1,730	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW - SNF					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	241,497	19,073	236,987	19,073	29,272,879
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,583	0	79,583	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0
194.09	07959	MOBILE CLINIC	0	0	0	0	0
194.10	07960	PLASTIC SURGERY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	33,408	0	33,408	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,779,515	574,625	2,548,361	1,040,503	1,383,283	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.766748	30.127667	7.281489	54.553715	0.047255	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,083,381	49,807	88,589	112,897	136,066	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.056185	2.611388	0.253127	5.919205	0.004648	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	17,027,238					13.00
16.00	01600	0	601,436,290				16.00
17.00	01700	328,557	0	19,073			17.00
19.00	01900	0	0	0	0		19.00
23.00	02300	0	0	0		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,364,225	55,042,847	16,770	0	100	30.00
31.00	03100	1,261,290	6,921,070	1,469	0	0	31.00
43.00	04300	204,945	1,160,094	834	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,547,692	70,234,329	0	0	0	50.00
52.00	05200	607,702	3,439,903	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	25,665,726	0	0	0	54.00
54.01	03480	472,622	33,614,158	0	0	0	54.01
57.00	05700	0	34,241,273	0	0	0	57.00
58.00	05800	45,152	13,723,367	0	0	0	58.00
59.00	05900	420,458	49,297,871	0	0	0	59.00
60.00	06000	0	55,558,308	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	10,005,172	0	0	0	65.00
66.00	06600	0	1,753,058	0	0	0	66.00
67.00	06700	0	949,403	0	0	0	67.00
68.00	06800	0	256,007	0	0	0	68.00
69.00	06900	205,312	14,714,531	0	0	0	69.00
70.00	07000	0	134,655	0	0	0	70.00
71.00	07100	0	20,414,836	0	0	0	71.00
72.00	07200	0	18,586,312	0	0	0	72.00
73.00	07300	0	99,418,524	0	0	0	73.00
74.00	07400	0	601,186	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	243,325	3,462,874	0	0	0	75.01
76.00	03160	91,873	1,266,966	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	2,234,085	70,057,935	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	3,889,767	0	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	137,264	0	0	0	93.06
93.07	04957	0	476,604	0	0	0	93.07
93.18	04968	0	0	0	0	0	93.18
93.43	04993	0	28,084	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	6,384,166	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		17,027,238	601,436,290	19,073	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,054,402	1,189,186	874,158	0	315,122	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.179383	0.001977	45.832224	0.000000	3,151.220000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	60,417	74,082	15,099	0	21,998	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003548	0.000123	0.791643	0.000000	219.980000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:00 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		23,543,631	0	23,543,631
31.00	03100 INTENSIVE CARE UNIT		3,075,414	0	3,075,414
43.00	04300 NURSERY		651,379	0	651,379
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		9,021,896	0	9,021,896
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,608,676	0	1,608,676
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,332,323	0	4,332,323
54.01	03480 ONCOLOGY		6,592,795	0	6,592,795
57.00	05700 CT SCAN		1,144,324	0	1,144,324
58.00	05800 MRI		1,256,852	0	1,256,852
59.00	05900 CARDIAC CATHETERIZATION		1,724,343	0	1,724,343
60.00	06000 LABORATORY		6,129,764	0	6,129,764
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,310,811	0	2,310,811
66.00	06600 PHYSICAL THERAPY	0	756,830	0	756,830
67.00	06700 OCCUPATIONAL THERAPY	0	458,208	0	458,208
68.00	06800 SPEECH PATHOLOGY	0	132,634	0	132,634
69.00	06900 ELECTROCARDIOLOGY		1,868,127	0	1,868,127
70.00	07000 ELECTROENCEPHALOGRAPHY		66,048	0	66,048
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,767,936	0	7,767,936
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,364,045	0	8,364,045
73.00	07300 DRUGS CHARGED TO PATIENTS		21,184,819	0	21,184,819
74.00	07400 RENAL DIALYSIS		365,664	0	365,664
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		940,586	0	940,586
76.00	03160 CARDIOPULMONARY		297,268	0	297,268
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		6,725,956	0	6,725,956
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,067,202	0	3,067,202
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		2,998,137	0	2,998,137
93.02	04952 WOMEN'S CENTER		0	0	0
93.03	04953 RESIDENTIAL HOMES		0	0	0
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		0	0	0
93.06	04956 HOWARD COUNTY CSS		702,853	0	702,853
93.07	04957 CLINTON COUNTY		409,527	0	409,527
93.18	04968 PSYCH MEDICATION		0	0	0
93.43	04993 NEW BEGINNINGS		94,545	0	94,545
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		2,393,833	0	2,393,833
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW - SNF				
200.00	Subtotal (see instructions)		119,986,426	0	119,986,426
201.00	Less Observation Beds		3,067,202	0	3,067,202
202.00	Total (see instructions)		116,919,224	0	116,919,224

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/19/2020 2:00 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	51,045,173		51,045,173				30.00
31.00	03100	INTENSIVE CARE UNIT	6,921,070		6,921,070				31.00
43.00	04300	NURSERY	1,160,094		1,160,094				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	36,139,741	34,094,588	70,234,329	0.128454	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,439,903	0	3,439,903	0.467652	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,599,322	22,066,404	25,665,726	0.168798	0.000000		54.00
54.01	03480	ONCOLOGY	591,185	33,022,973	33,614,158	0.196131	0.000000		54.01
57.00	05700	CT SCAN	7,463,506	26,777,767	34,241,273	0.033419	0.000000		57.00
58.00	05800	MRI	849,745	12,873,622	13,723,367	0.091585	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,980,071	30,317,800	49,297,871	0.034978	0.000000		59.00
60.00	06000	LABORATORY	19,249,858	36,308,450	55,558,308	0.110330	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	7,224,726	2,780,446	10,005,172	0.230962	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,551,233	201,825	1,753,058	0.431720	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	847,783	101,620	949,403	0.482628	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	126,353	129,654	256,007	0.518087	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,668,187	11,046,344	14,714,531	0.126958	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,050	103,605	134,655	0.490498	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,624,738	9,790,098	20,414,836	0.380504	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,026,388	7,559,924	18,586,312	0.450011	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,651,279	83,767,245	99,418,524	0.213087	0.000000		73.00
74.00	07400	RENAL DIALYSIS	601,186	0	601,186	0.608238	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	188,030	3,274,844	3,462,874	0.271620	0.000000		75.01
76.00	03160	CARDIOPULMONARY	3,234	1,263,732	1,266,966	0.234630	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	14,303,877	55,754,058	70,057,935	0.096006	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,206,162	2,791,512	3,997,674	0.767247	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	0	3,889,767	3,889,767	0.770775	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0	137,264	137,264	5.120447	0.000000		93.06
93.07	04957	CLINTON COUNTY	0	476,604	476,604	0.859261	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000		93.18
93.43	04993	NEW BEGINNINGS	0	28,084	28,084	3.366508	0.000000		93.43
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	6,384,166	6,384,166	0.374964	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	216,493,894	384,942,396	601,436,290				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	216,493,894	384,942,396	601,436,290				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.128454		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.467652		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168798		54.00
54.01	03480 ONCOLOGY	0.196131		54.01
57.00	05700 CT SCAN	0.033419		57.00
58.00	05800 MRI	0.091585		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.034978		59.00
60.00	06000 LABORATORY	0.110330		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.230962		65.00
66.00	06600 PHYSICAL THERAPY	0.431720		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.482628		67.00
68.00	06800 SPEECH PATHOLOGY	0.518087		68.00
69.00	06900 ELECTROCARDIOLOGY	0.126958		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.490498		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380504		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.450011		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213087		73.00
74.00	07400 RENAL DIALYSIS	0.608238		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.271620		75.01
76.00	03160 CARDIOPULMONARY	0.234630		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.096006		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767247		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.770775		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	5.120447		93.06
93.07	04957 CLINTON COUNTY	0.859261		93.07
93.18	04968 PSYCH MEDICATION	0.000000		93.18
93.43	04993 NEW BEGINNINGS	3.366508		93.43
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.374964		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW - SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

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

Worksheet C
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX			Hospital		Cost
				Total Costs	Costs				
					RCE Disallowance	Total Costs			
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	23,543,631		23,543,631	0	23,543,631	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,075,414		3,075,414	0	3,075,414	31.00	
43.00	04300	NURSERY	651,379		651,379	0	651,379	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,021,896		9,021,896	0	9,021,896	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,608,676		1,608,676	0	1,608,676	52.00	
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,332,323		4,332,323	0	4,332,323	54.00	
54.01	03480	ONCOLOGY	6,592,795		6,592,795	0	6,592,795	54.01	
57.00	05700	CT SCAN	1,144,324		1,144,324	0	1,144,324	57.00	
58.00	05800	MRI	1,256,852		1,256,852	0	1,256,852	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,724,343		1,724,343	0	1,724,343	59.00	
60.00	06000	LABORATORY	6,129,764		6,129,764	0	6,129,764	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	2,310,811	0	2,310,811	0	2,310,811	65.00	
66.00	06600	PHYSICAL THERAPY	756,830	0	756,830	0	756,830	66.00	
67.00	06700	OCCUPATIONAL THERAPY	458,208	0	458,208	0	458,208	67.00	
68.00	06800	SPEECH PATHOLOGY	132,634	0	132,634	0	132,634	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,868,127		1,868,127	0	1,868,127	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	66,048		66,048	0	66,048	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,767,936		7,767,936	0	7,767,936	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,364,045		8,364,045	0	8,364,045	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	21,184,819		21,184,819	0	21,184,819	73.00	
74.00	07400	RENAL DIALYSIS	365,664		365,664	0	365,664	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
75.01	03950	WOUND CARE CENTER	940,586		940,586	0	940,586	75.01	
76.00	03160	CARDIOPULMONARY	297,268		297,268	0	297,268	76.00	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	6,725,956		6,725,956	0	6,725,956	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,067,202		3,067,202	0	3,067,202	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01	
93.00	04950	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00	
93.01	04951	GENESIS	2,998,137		2,998,137	0	2,998,137	93.01	
93.02	04952	WOMEN'S CENTER	0		0	0	0	93.02	
93.03	04953	RESIDENTIAL HOMES	0		0	0	0	93.03	
93.04	04954	DR. STEELE	0		0	0	0	93.04	
93.05	04955	DIABETIC EDUCATION	0		0	0	0	93.05	
93.06	04956	HOWARD COUNTY CSS	702,853		702,853	0	702,853	93.06	
93.07	04957	CLINTON COUNTY	409,527		409,527	0	409,527	93.07	
93.18	04968	PSYCH MEDICATION	0		0	0	0	93.18	
93.43	04993	NEW BEGINNINGS	94,545		94,545	0	94,545	93.43	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,393,833		2,393,833	0	2,393,833	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW - SNF						114.00	
200.00		Subtotal (see instructions)	119,986,426	0	119,986,426	0	119,986,426	200.00	
201.00		Less Observation Beds	3,067,202		3,067,202		3,067,202	201.00	
202.00		Total (see instructions)	116,919,224	0	116,919,224	0	116,919,224	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

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

Worksheet C
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,045,173		51,045,173		30.00
31.00	03100	INTENSIVE CARE UNIT	6,921,070		6,921,070		31.00
43.00	04300	NURSERY	1,160,094		1,160,094		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,139,741	34,094,588	70,234,329	0.128454	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,439,903	0	3,439,903	0.467652	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,599,322	22,066,404	25,665,726	0.168798	54.00
54.01	03480	ONCOLOGY	591,185	33,022,973	33,614,158	0.196131	54.01
57.00	05700	CT SCAN	7,463,506	26,777,767	34,241,273	0.033419	57.00
58.00	05800	MRI	849,745	12,873,622	13,723,367	0.091585	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,980,071	30,317,800	49,297,871	0.034978	59.00
60.00	06000	LABORATORY	19,249,858	36,308,450	55,558,308	0.110330	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	7,224,726	2,780,446	10,005,172	0.230962	65.00
66.00	06600	PHYSICAL THERAPY	1,551,233	201,825	1,753,058	0.431720	66.00
67.00	06700	OCCUPATIONAL THERAPY	847,783	101,620	949,403	0.482628	67.00
68.00	06800	SPEECH PATHOLOGY	126,353	129,654	256,007	0.518087	68.00
69.00	06900	ELECTROCARDIOLOGY	3,668,187	11,046,344	14,714,531	0.126958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,050	103,605	134,655	0.490498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,624,738	9,790,098	20,414,836	0.380504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,026,388	7,559,924	18,586,312	0.450011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,651,279	83,767,245	99,418,524	0.213087	73.00
74.00	07400	RENAL DIALYSIS	601,186	0	601,186	0.608238	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03950	WOUND CARE CENTER	188,030	3,274,844	3,462,874	0.271620	75.01
76.00	03160	CARDIOPULMONARY	3,234	1,263,732	1,266,966	0.234630	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	14,303,877	55,754,058	70,057,935	0.096006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,206,162	2,791,512	3,997,674	0.767247	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	04951	GENESIS	0	3,889,767	3,889,767	0.770775	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	0	137,264	137,264	5.120447	93.06
93.07	04957	CLINTON COUNTY	0	476,604	476,604	0.859261	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	93.18
93.43	04993	NEW BEGINNINGS	0	28,084	28,084	3.366508	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,384,166	6,384,166	0.374964	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
200.00		Subtotal (see instructions)	216,493,894	384,942,396	601,436,290		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	216,493,894	384,942,396	601,436,290		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03480 ONCOLOGY	0.000000		54.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.000000		75.01
76.00	03160 CARDIOPULMONARY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.000000		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	0.000000		93.06
93.07	04957 CLINTON COUNTY	0.000000		93.07
93.18	04968 PSYCH MEDICATION	0.000000		93.18
93.43	04993 NEW BEGINNINGS	0.000000		93.43
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW - SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,605,610	0	1,605,610	19,282	83.27	30.00
31.00	INTENSIVE CARE UNIT	163,992		163,992	1,469	111.64	31.00
43.00	NURSERY	53,206		53,206	834	63.80	43.00
200.00	Total (lines 30 through 199)	1,822,808		1,822,808	21,585		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,057	504,366				
31.00	INTENSIVE CARE UNIT	624	69,663				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	6,681	574,029				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	652,452	70,234,329	0.009290	12,751,446	118,461	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	134,700	3,439,903	0.039158	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	640,616	25,665,726	0.024960	1,533,769	38,283	54.00
54.01	03480	ONCOLOGY	1,916,296	33,614,158	0.057009	244,499	13,939	54.01
57.00	05700	CT SCAN	141,535	34,241,273	0.004133	3,179,597	13,141	57.00
58.00	05800	MRI	477,332	13,723,367	0.034782	333,361	11,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	115,866	49,297,871	0.002350	7,965,559	18,719	59.00
60.00	06000	LABORATORY	184,186	55,558,308	0.003315	8,171,476	27,088	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	124,440	10,005,172	0.012438	3,160,323	39,308	65.00
66.00	06600	PHYSICAL THERAPY	26,091	1,753,058	0.014883	696,870	10,372	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,362	949,403	0.029874	399,424	11,932	67.00
68.00	06800	SPEECH PATHOLOGY	10,929	256,007	0.042690	61,547	2,627	68.00
69.00	06900	ELECTROCARDIOLOGY	156,030	14,714,531	0.010604	1,689,747	17,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,268	134,655	0.053975	15,346	828	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	232,968	20,414,836	0.011412	4,146,349	47,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	115,548	18,586,312	0.006217	3,988,101	24,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	738,834	99,418,524	0.007432	6,141,767	45,646	73.00
74.00	07400	RENAL DIALYSIS	5,031	601,186	0.008368	357,492	2,991	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	WOUND CARE CENTER	73,383	3,462,874	0.021191	124,437	2,637	75.01
76.00	03160	CARDIOPULMONARY	5,123	1,266,966	0.004044	1,172	5	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	560,085	70,057,935	0.007995	5,682,267	45,430	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	209,174	3,997,674	0.052324	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04951	GENESIS	128,866	3,889,767	0.033129	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0.000000	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0.000000	0	0	93.03
93.04	04954	DR. STEELE	0	0	0.000000	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0.000000	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	46,313	137,264	0.337401	0	0	93.06
93.07	04957	CLINTON COUNTY	76,206	476,604	0.159894	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0.000000	0	0	93.18
93.43	04993	NEW BEGINNINGS	25,446	28,084	0.906068	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,833,080	535,925,787		60,644,549	493,032	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/19/2020 2:00 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	315,122	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	315,122	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	315,122	19,282	16.34	6,057	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,469	0.00	624	31.00
43.00	04300	NURSERY		0	834	0.00	0	43.00
200.00		Total (lines 30 through 199)		315,122	21,585		6,681	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,971					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	98,971					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:00 pm
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Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03480 ONCOLOGY	0	0	0	0	0	0	54.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	0	0	0	0	0	0	75.01
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	41,054	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
93.01 04951 GENESIS	0	0	0	0	0	0	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0	0	93.03
93.04 04954 DR. STEELE	0	0	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	0	0	0	0	93.06
93.07 04957 CLINTON COUNTY	0	0	0	0	0	0	93.07
93.18 04968 PSYCH MEDICATION	0	0	0	0	0	0	93.18
93.43 04993 NEW BEGINNINGS	0	0	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	41,054	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:00 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	70,234,329	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,439,903	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	25,665,726	0.000000	54.00
54.01 03480 ONCOLOGY	0	0	0	33,614,158	0.000000	54.01
57.00 05700 CT SCAN	0	0	0	34,241,273	0.000000	57.00
58.00 05800 MRI	0	0	0	13,723,367	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	49,297,871	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	55,558,308	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	10,005,172	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,753,058	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	949,403	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	256,007	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,714,531	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	134,655	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,414,836	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,586,312	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	99,418,524	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	601,186	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03950 WOUND CARE CENTER	0	0	0	3,462,874	0.000000	75.01
76.00 03160 CARDIOPULMONARY	0	0	0	1,266,966	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	70,057,935	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	41,054	41,054	3,997,674	0.010269	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
93.01 04951 GENESIS	0	0	0	3,889,767	0.000000	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0.000000	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0.000000	93.03
93.04 04954 DR. STEELE	0	0	0	0	0.000000	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0.000000	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	0	137,264	0.000000	93.06
93.07 04957 CLINTON COUNTY	0	0	0	476,604	0.000000	93.07
93.18 04968 PSYCH MEDICATION	0	0	0	0	0.000000	93.18
93.43 04993 NEW BEGINNINGS	0	0	0	28,084	0.000000	93.43
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	41,054	41,054	535,925,787		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:00 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	12,751,446	0	7,268,728	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,533,769	0	6,268,348	0	54.00	
54.01	03480 ONCOLOGY	0.000000	244,499	0	15,079,589	0	54.01	
57.00	05700 CT SCAN	0.000000	3,179,597	0	8,064,792	0	57.00	
58.00	05800 MRI	0.000000	333,361	0	4,516,168	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,965,559	0	12,986,326	0	59.00	
60.00	06000 LABORATORY	0.000000	8,171,476	0	6,848,876	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	3,160,323	0	900,523	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	696,870	0	38,098	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	399,424	0	8,570	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	61,547	0	547	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,689,747	0	4,035,822	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	15,346	0	28,064	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,146,349	0	3,025,914	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,988,101	0	2,186,840	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,141,767	0	39,735,830	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	357,492	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03950 WOUND CARE CENTER	0.000000	124,437	0	1,595,258	0	75.01	
76.00	03160 CARDIOPULMONARY	0.000000	1,172	0	689,296	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	5,682,267	0	11,143,156	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.010269	0	0	2,398,406	24,629	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
93.01	04951 GENESIS	0.000000	0	0	347,212	0	93.01	
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02	
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03	
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04	
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05	
93.06	04956 HOWARD COUNTY CSS	0.000000	0	0	52,141	0	93.06	
93.07	04957 CLINTON COUNTY	0.000000	0	0	0	0	93.07	
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18	
93.43	04993 NEW BEGINNINGS	0.000000	0	0	0	0	93.43	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		60,644,549	0	127,218,504	24,629	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:00 pm
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.128454	7,268,728	2,180	0	933,697	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.467652	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.168798	6,268,348	0	0	1,058,085	54.00
54.01 03480 ONCOLOGY	0.196131	15,079,589	0	0	2,957,575	54.01
57.00 05700 CT SCAN	0.033419	8,064,792	0	0	269,517	57.00
58.00 05800 MRI	0.091585	4,516,168	0	0	413,613	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.034978	12,986,326	0	0	454,236	59.00
60.00 06000 LABORATORY	0.110330	6,848,876	0	0	755,636	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.230962	900,523	0	0	207,987	65.00
66.00 06600 PHYSICAL THERAPY	0.431720	38,098	0	0	16,448	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.482628	8,570	0	0	4,136	67.00
68.00 06800 SPEECH PATHOLOGY	0.518087	547	0	0	283	68.00
69.00 06900 ELECTROCARDIOLOGY	0.126958	4,035,822	0	0	512,380	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.490498	28,064	0	0	13,765	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380504	3,025,914	0	0	1,151,372	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.450011	2,186,840	0	0	984,102	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.213087	39,735,830	42,381	51,459	8,467,189	73.00
74.00 07400 RENAL DIALYSIS	0.608238	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	0.271620	1,595,258	0	0	433,304	75.01
76.00 03160 CARDIOPULMONARY	0.234630	689,296	0	0	161,730	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.096006	11,143,156	0	0	1,069,810	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767247	2,398,406	0	0	1,840,170	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01 04951 GENESIS	0.770775	347,212	0	0	267,622	93.01
93.02 04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04 04954 DR. STEELE	0.000000	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	5.120447	52,141	0	0	266,985	93.06
93.07 04957 CLINTON COUNTY	0.859261	0	0	0	0	93.07
93.18 04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18
93.43 04993 NEW BEGINNINGS	3.366508	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.374964	0	0	0	0	95.00
200.00	Subtotal (see instructions)	127,218,504	44,561	51,459	22,239,642	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	127,218,504	44,561	51,459	22,239,642	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	280	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03480 ONCOLOGY	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,031	10,965		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03950 WOUND CARE CENTER	0	0		75.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04951 GENESIS	0	0		93.01
93.02 04952 WOMEN'S CENTER	0	0		93.02
93.03 04953 RESIDENTIAL HOMES	0	0		93.03
93.04 04954 DR. STEELE	0	0		93.04
93.05 04955 DIABETIC EDUCATION	0	0		93.05
93.06 04956 HOWARD COUNTY CSS	0	0		93.06
93.07 04957 CLINTON COUNTY	0	0		93.07
93.18 04968 PSYCH MEDICATION	0	0		93.18
93.43 04993 NEW BEGINNINGS	0	0		93.43
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	9,311	10,965		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	9,311	10,965		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0007

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

Worksheet D
Part V
Date/Time Prepared:
8/19/2020 2:00 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.128454	0	925,307	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.467652	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168798	0	575,212	0	0	54.00
54.01	03480 ONCOLOGY	0.196131	0	198,151	0	0	54.01
57.00	05700 CT SCAN	0.033419	0	1,276,802	0	0	57.00
58.00	05800 MRI	0.091585	0	259,488	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.034978	0	273,315	0	0	59.00
60.00	06000 LABORATORY	0.110330	0	1,216,388	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.230962	0	65,696	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.431720	0	10,308	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.482628	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.518087	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.126958	0	170,536	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.490498	0	2,002	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380504	0	26,237	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.450011	0	114,268	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213087	0	1,432,877	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.608238	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.271620	0	43,241	0	0	75.01
76.00	03160 CARDIOPULMONARY	0.234630	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.096006	0	4,684,031	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767247	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951 GENESIS	0.770775	0	173,327	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	5.120447	0	2,678	0	0	93.06
93.07	04957 CLINTON COUNTY	0.859261	0	0	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18
93.43	04993 NEW BEGINNINGS	3.366508	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.374964	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	11,449,864	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	11,449,864	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:00 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	118,859	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	97,095	0	54.00
54.01	03480 ONCOLOGY	38,864	0	54.01
57.00	05700 CT SCAN	42,669	0	57.00
58.00	05800 MRI	23,765	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,560	0	59.00
60.00	06000 LABORATORY	134,204	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	15,173	0	65.00
66.00	06600 PHYSICAL THERAPY	4,450	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	21,651	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	982	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,983	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	51,422	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	305,327	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950 WOUND CARE CENTER	11,745	0	75.01
76.00	03160 CARDIOPULMONARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	449,695	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951 GENESIS	133,596	0	93.01
93.02	04952 WOMEN'S CENTER	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	0	93.03
93.04	04954 DR. STEELE	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	13,713	0	93.06
93.07	04957 CLINTON COUNTY	0	0	93.07
93.18	04968 PSYCH MEDICATION	0	0	93.18
93.43	04993 NEW BEGINNINGS	0	0	93.43
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	1,482,753	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	1,482,753	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,282	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,282	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,770	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,057	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,543,631	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		23,543,631	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,543,631	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,221.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,395,718	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,395,718	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 2:00 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,075,414	1,469	2,093.54	624	1,306,369	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,217,444	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,919,531	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					673,000	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					493,032	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,166,032	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,753,499	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,512	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,221.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,067,202	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,605,610	23,543,631	0.068197	3,067,202	209,174	90.00
91.00	Nursing School cost	0	23,543,631	0.000000	3,067,202	0	91.00
92.00	Allied health cost	315,122	23,543,631	0.013385	3,067,202	41,054	92.00
93.00	All other Medical Education	0	23,543,631	0.000000	3,067,202	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 2:00 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,282	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,282	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,770	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,109	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		834	15.00
16.00	Nursery days (title V or XIX only)		591	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,543,631	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		23,543,631	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,543,631	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,221.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,354,111	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,354,111	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description			Title XIX		Hospital		Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
42.00	NURSERY (title V & XIX only)	651,379	834	781.03	591	461,589		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	3,075,414	1,469	2,093.54	0	0		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					863,510		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,679,210		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							0 54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)							0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0 57.00
58.00	Bonus payment (see instructions)							0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0 61.00
62.00	Relief payment (see instructions)							0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					2,512		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,221.02		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,067,202		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,605,610	23,543,631	0.068197	3,067,202	209,174	90.00
91.00	Nursing School cost	0	23,543,631	0.000000	3,067,202	0	91.00
92.00	Allied health cost	0	23,543,631	0.000000	3,067,202	0	92.00
93.00	All other Medical Education	0	23,543,631	0.000000	3,067,202	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		14,539,431		30.00
31.00	03100 INTENSIVE CARE UNIT		2,956,707		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.128454	12,751,446	1,637,974	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.467652	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168798	1,533,769	258,897	54.00
54.01	03480 ONCOLOGY	0.196131	244,499	47,954	54.01
57.00	05700 CT SCAN	0.033419	3,179,597	106,259	57.00
58.00	05800 MRI	0.091585	333,361	30,531	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.034978	7,965,559	278,619	59.00
60.00	06000 LABORATORY	0.110330	8,171,476	901,559	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.230962	3,160,323	729,915	65.00
66.00	06600 PHYSICAL THERAPY	0.431720	696,870	300,853	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.482628	399,424	192,773	67.00
68.00	06800 SPEECH PATHOLOGY	0.518087	61,547	31,887	68.00
69.00	06900 ELECTROCARDIOLOGY	0.126958	1,689,747	214,527	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.490498	15,346	7,527	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380504	4,146,349	1,577,702	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.450011	3,988,101	1,794,689	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213087	6,141,767	1,308,731	73.00
74.00	07400 RENAL DIALYSIS	0.608238	357,492	217,440	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.271620	124,437	33,800	75.01
76.00	03160 CARDIOPULMONARY	0.234630	1,172	275	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.096006	5,682,267	545,532	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767247	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.770775	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	5.120447	0	0	93.06
93.07	04957 CLINTON COUNTY	0.859261	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	93.18
93.43	04993 NEW BEGINNINGS	3.366508	0	0	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		60,644,549	10,217,444	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		60,644,549		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 2:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,611,570		30.00
31.00	03100 INTENSIVE CARE UNIT		354,969		31.00
43.00	04300 NURSERY		334,814		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.128454	662,924	85,155	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.467652	100,923	47,197	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168798	131,372	22,175	54.00
54.01	03480 ONCOLOGY	0.196131	49,997	9,806	54.01
57.00	05700 CT SCAN	0.033419	310,847	10,388	57.00
58.00	05800 MRI	0.091585	31,732	2,906	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.034978	714,555	24,994	59.00
60.00	06000 LABORATORY	0.110330	875,733	96,620	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.230962	258,792	59,771	65.00
66.00	06600 PHYSICAL THERAPY	0.431720	71,455	30,849	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.482628	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.518087	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.126958	123,510	15,681	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.490498	834	409	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380504	308,977	117,567	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.450011	128,355	57,761	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213087	954,665	203,427	73.00
74.00	07400 RENAL DIALYSIS	0.608238	3,935	2,393	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.271620	10,864	2,951	75.01
76.00	03160 CARDIOPULMONARY	0.234630	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.096006	765,164	73,460	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767247	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.770775	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	5.120447	0	0	93.06
93.07	04957 CLINTON COUNTY	0.859261	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	93.18
93.43	04993 NEW BEGINNINGS	3.366508	0	0	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,504,634	863,510	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		5,504,634		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 2:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,262,474	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,791,955	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		256,796	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		86,626	2.04
3.00	Managed Care Simulated Payments		1,733,039	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		105.06	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.55	31.00
32.00	Sum of lines 30 and 31		35.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.82	33.00
34.00	Disproportionate share adjustment (see instructions)		661,262	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 2:00 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000148500	0.000193285	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,228,525	1,614,048	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	918,869	405,717	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,324,586		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	16,383,699		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		16,383,699	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,241,005	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		25,909	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		98,971	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,749,584	59.00
60.00	Primary payer payments		7,083	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,742,501	61.00
62.00	Deductibles billed to program beneficiaries		1,539,596	62.00
63.00	Coinurance billed to program beneficiaries		44,671	63.00
64.00	Allowable bad debts (see instructions)		111,993	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		72,795	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		54,218	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,231,029	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		29,125	70.93
70.94	HRR adjustment amount (see instructions)		-47,205	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 2:00 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,212,949	71.00
71.01	Sequestration adjustment (see instructions)		324,259	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		15,638,119	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		250,571	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		484,872	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/19/2020 2:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,276	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,215,013	2.00
3.00	OPPS payments		17,762,067	3.00
4.00	Outlier payment (see instructions)		119,122	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		24,629	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,276	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		96,020	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		96,020	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		96,020	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75,744	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		20,276	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		17,905,818	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		8,912	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,249,514	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		14,667,668	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,667,668	30.00
31.00	Primary payer payments		2,053	31.00
32.00	Subtotal (line 30 minus line 31)		14,665,615	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		315,841	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		205,297	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		256,568	36.00
37.00	Subtotal (see instructions)		14,870,912	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-98	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,871,010	40.00
40.01	Sequestration adjustment (see instructions)		297,420	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		14,519,827	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		53,763	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0007

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

Worksheet E-1
Part I
Date/Time Prepared:
8/19/2020 2:00 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		15,638,119		14,519,827	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,638,119		14,519,827	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		250,571		53,763	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,888,690		14,573,590	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0007

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

Worksheet E-1
Part II
Date/Time Prepared:
8/19/2020 2:00 pm

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

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

Provider CCN: 15-0007

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

Worksheet G

Date/Time Prepared:
8/19/2020 2:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	30,746	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	69,469,767	0	0	0	4.00
5.00	Other receivable	54,415	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-48,962,996	0	0	0	6.00
7.00	Inventory	3,853,600	0	0	0	7.00
8.00	Prepaid expenses	846,802	0	0	0	8.00
9.00	Other current assets	207,723	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,500,057	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,583,000	0	0	0	12.00
13.00	Land improvements	4,193,828	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	104,778,873	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	139,419	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	31,198,040	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	364,270	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-47,434,594	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	97,822,836	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	85,777,521	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	85,777,521	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	209,100,414	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	746,029	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-11,957	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,015,090	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,749,162	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	936,208	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	936,208	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,685,370	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	201,415,044	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	201,415,044	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	209,100,414	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0007

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

Worksheet G-1

Date/Time Prepared:
8/19/2020 2:00 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		167,316,048		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		34,098,995			2.00
3.00	Total (sum of line 1 and line 2)		201,415,043		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		201,415,044		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		201,415,044		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0007

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
8/19/2020 2:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	23,104,069		23,104,069	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,104,069		23,104,069	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,850,681		6,850,681	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,850,681		6,850,681	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	29,954,750		29,954,750	17.00
18.00	Ancillary services	176,160,814	413,528,139	589,688,953	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	364,060	364,060	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	206,115,564	413,892,199	620,007,763	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		155,420,346		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		155,420,346		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0007

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

Worksheet G-3

Date/Time Prepared:
8/19/2020 2:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	620,007,763	1.00
2.00	Less contractual allowances and discounts on patients' accounts	445,700,743	2.00
3.00	Net patient revenues (line 1 minus line 2)	174,307,020	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	155,420,346	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,886,674	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	215,233	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	4,464	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	372,908	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	6,253	21.00
22.00	Rental of hospital space	2,903,079	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC & NON OPERATING REVENUE	11,723,134	24.00
25.00	Total other income (sum of lines 6-24)	15,225,071	25.00
26.00	Total (line 5 plus line 25)	34,111,745	26.00
27.00	INCOME TAX	12,750	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,750	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	34,098,995	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/19/2020 2:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,132,086	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		23,560	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		50.58	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.55	8.00
9.00	Sum of lines 7 and 8		35.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.54	10.00
11.00	Disproportionate share adjustment (see instructions)		85,359	11.00
12.00	Total prospective capital payments (see instructions)		1,241,005	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00