

**2019 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990**

Name of Hospital . . . . .	HOSPITAL AUTHORITY OF COLQUITT COUNTY
Doing Business As . . . . .	COLQUITT REGIONAL MEDICAL CENTER
Number and Street Address . . . . .	3131 SOUTH MAIN STREET
Room/Suite . . . . .	
City or Town . . . . .	MOULTRIE
State . . . . .	GEORGIA
Zip Code . . . . .	31768
Telephone Number . . . . .	229-985-3420
Name and Address of Principal Officer .	

The Hospital's Fiscal Year 2019 Covered the Following Dates:

Start Date: 

10/1/2018
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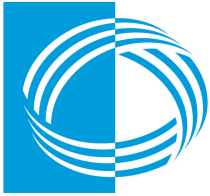
9/30/2019
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**2019 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990**  
**Net Assets or Fund Balances**

<b>1. Total Assets</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
a. Cash - Non-Interest Bearing . . . . .	\$ 18,270,768.00	\$ 20,263,523.00
b. Savings and Temporary Cash Investments . . . . .	\$ 44,172,298.00	\$ 45,728,880.00
c. Pledges and Grants Receivable, Net . . . . .	\$ -	\$ -
d. Accounts Receivable, Net . . . . .	\$ 13,274,773.00	\$ 12,917,368.00
e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees . . . . .	\$ 476,951.00	\$ 502,001.00
f. Notes and Loans Receivable, Net . . . . .		
g. Inventories for sale or use . . . . .	\$ 4,318,250.00	\$ 4,405,515.00
h. Prepaid expenses and deferred charges . . . . .	\$ 3,484,691.00	\$ 3,768,802.00
i. Land, buildings, and equipment: cost or other basis. . . . .	\$ 188,179,572.00	\$ 204,178,193.00
Less Accumulated Depreciation . . . . .	\$ 83,183,311.00	\$ 90,776,043.00
j. Investments- Publicly Traded Securities . . . . .		
k. Investments- Other Securities . . . . .		
l. Investments- Program-Related . . . . .		
m. Intangible Assets . . . . .		
n. Other Assets . . . . .	\$ 9,176,396.00	\$ 9,796,350.00
o. Total a - n above . . . . .	\$ 176,357,438.00	\$ 188,158,482.00

<b>2. Total Liabilities</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
a. Accounts Payable and Accrued Expenses . . . . .	\$ 11,337,068.00	\$ 11,290,222.00
b. Grants Payable . . . . .		
c. Deferred Revenue . . . . .	\$ 4,634.00	\$ (3,788.00)
d. Tax-Exempt Bond Liabilities . . . . .	\$ 38,792,577.00	\$ 45,059,777.00
e. Escrow or Custodial Account Liability . . . . .		
f. Loans and Other Payables to Current and Former Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Disqualified Persons . . . . .		
g. Secured Mortgages and Notes Payable to Unrelated Third Parties . . . . .	\$ 6,894,659.00	\$ 6,144,763.00
h. Unsecured Notes and Loans Payable to Unrelated Third Parties . . . . .		
i. Other Liabilities (including Federal Income Tax, Payables to Related Third Parties, and Other Liabilities Not Included in Lines a through h). . . . .	\$ 7,277,416.00	\$ 7,429,419.00
h. Total a - i above . . . . .	\$ 64,306,354.00	\$ 69,920,393.00

<b>3. Net Assets or Fund Balances. Subtract line 2h from line 1o.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	\$ 112,051,084.00	\$ 118,238,089.00



## 2018 Cardiac Catheterization Survey

### Part A : General Information

#### 1. Identification

UID:HOSP524

**Facility Name:** Colquitt Regional Medical Center

**County:** Colquitt

**Street Address:** 3131 South Main

**City:** Moultrie

**Zip:** 31768-6925

**Mailing Address:** P O Box 40

**Mailing City:** Moultrie

**Mailing Zip:** 31776-0040

**Medicare Provider Number:** 110105

**Medicaid Provider Number:** 000002021A

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2018 - December 31, 2018 (365 days).

***Do not use a different report period.***

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** David Spence

**Contact Title:** Director of Imaging Services

**Phone:** 229-891-9287

**Fax:** 229-891-4089

**E-mail:** dspence@colquittregional.com

## Part C : Catheterization Services Utilization

### 1A. Number of Cardiac Catheterization Services Labs or Rooms

Please report the total number of Cardiac Catheterization services labs or rooms. Include all labs or rooms that are authorized to provide cardiac catheterizations pursuant to Rule 111-2-2-21. Include both general purpose and dedicated rooms or labs.

**1**

### 1B. Room Detail

Please provide details on each of the labs or rooms reported in 1A above. Report each lab or room on a separate row. The name of the lab or room should be the name used in your facility.

Room Name	Operational Date	Dedicated Room?	# Cath Procedures	If Dedicated What Type?
Cardiac Cath Lab	9/1/2004	Yes	192	Cardiac Cath

### 1C. Other Rooms

If your facility has other rooms that are equipped and capable of performing a cardiac catheterization (other than what is preorted in Part C, Q1 A and B above) please indicate the number of those other rooms below.

**0**

### 2. Cardiac Catheterization by Procedure Type

Report by age and procedure type the total number of cardiac catheterization procedures performed during the report year in the cardiac catheterization rooms reported in question #1 above. Report actual cardiac cath procedures performed by the categories provided. Do not report cardiac catheterization sessions, but the procedures. Please refer to the definitions of procedure and session in the instructions.

### 2A. Therapeutic Cardiac Catheterizations

Therapeutic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
PCI balloon angioplasty procedures	0	0	0
PCI procedures utilizing drug eluting stent	0	0	0
PCI procedures utilizing non drug eluting stent	0	0	0
Rotational Atherectomy	0	0	0
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	0	0
Closure or patent ductus areriosus > 28 days, by card. cath.	0	0	0
Closure or patent ductus arteriosus < 28 days, by card. cath.	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

## **2B.1 Diagnostic Cardiac Catheterizations**

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	192	192
Right Heart Diagnostic Cardiac Catheterizations	0	1	1
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>0</b>	<b>193</b>	<b>193</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>0</b>	<b>193</b>	<b>193</b>

## **2B.2 Left Heart Cardiac Catheterization Details**

Report the number of diagnostic left heart cardiac catheterizations that were not followed by a therapeutic cardiac cath procedure and then provide the number that were followed by PCI in the same sitting.

Left Heart Diagnostic Cardiac Catheterization Details	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Cath Only (without PCI)	0	192	192
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	0	0

## **2C. Peripheral Catheterization by Patient Type**

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	137	137

## **2D. Major Coronary Circulation Vessels Treated per Patient**

Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

PCI Type	1 Vessel	2 Vessels	3 Vessels	4 Vessels	Total
PCI balloon angioplasty and/or stent	0	0	0	0	0
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## **2E. Cardiac Catheterization Sessions**

Report by patient type and procedure type the total number of inpatient and outpatient cardiac catheterization sessions performed during the report year.

Cardiac Catheterizations by Patient Type	Ages 0-14	Ages 15+	Total
Inpatient Diagnostic Cardiac Catheterizations	0	27	27
Outpatient Diagnostic Cardiac Catheterizations	0	165	165
Inpatient Therapeutic Cardiac Catheterizations	0	0	0
Outpatient Therapeutic Cardiac Catheterizations	0	0	0
<b>Total</b>	<b>0</b>	<b>192</b>	<b>192</b>

**3A. Other Procedures Performed During Cardiac Catheterization Session**

Report by age of patient and procedure type the total number of non-cardiac catheterization procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description.

Procedure Code	Procedure Description	Ages 0-14	Ages 15+	Total
0	0	0	0	0

**3B. Non-Cardiac Catheterization in Cardiac Catheterization Facilities**

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in the authorized cardiac catheterization labs or rooms reported in Part C Question 1A.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	16	16
Angiograms/Venograms	0	60	60
Angioplasty	0	38	38
Stents	0	22	22
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
	0	0	0
	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>136</b>	<b>136</b>

**3C. Non-Cardiac Catheterization Procedures Performed in Other Rooms**

Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in any other room that is equiped and capable of performing cardiac catheterization reported in Part C Question 1C.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	0	0
Angiograms/Venograms	0	0	0
Angioplasty	0	0	0
Stents	0	0	0
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0

Perm cath/pic line placements	0	0	0
	0	0	0
	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### **3D. Medical Specialties**

List all of the medical specialties of the physicians performing non-cardiac catheterization procedures listed in 3B or 3C.

Interventionalist

### **4. Cardiac Catheterization Patients by Race/Ethnicity**

Please report the number who recieved one or more cardiac catheterization procedures during the report period using the race and ethnicity categories provided. Please report patients as unduplicated. A patient should be counted once only.

<b>Race/Ethnicity</b>	<b>Number of Patients</b>
American Indian/Alaska Native	0
Asian	0
Black/African American	51
Hispanic/Latino	6
Pacific Islander/Hawaiian	0
White	135
Multi-Racial	0
<b>Total</b>	<b>192</b>

### **5. Cardiac Catheterization Patients by Gender**

Please report the number of cardiac catheterization patients by gender served during the report period. Count a patient only once for an unduplicated patient count.

<b>Gender</b>	<b>Number of Patients</b>
Male	97
Female	95
<b>Total</b>	<b>192</b>

## Part D : Charges

### 1. Average Total Charge and Average Actual Reimbursement

If applicable, report the average total charge from admission to discharge (excluding Medicare outliers) for each of the following DRGs and report the average actual reimbursement for each DRG received from Medicare, Medicaid and all third parties (excluding individual self-payors, indigents and those payors whose charge was 'written off'). Please note that Average Total Charges, the number of cases used in the average, and the average reimbursement should be for services provided within authorized cardiac catheterization labs.

Selected DRGs Diseases/Disorders of the Circulatory System	Average Total Inpatient Charge in Lab	Cases Included in Calculation of Average	Actual Hospital Total Cases	Average Reimbursement in Lab
Major Cardiovascular Procedures w/CC(MS-DRG 268-272)	0	0	0	0
Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	38,481	1	1	10,453
Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	28,470	1	3	5,027
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	55,350	1	8	11,495
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	26,431	1	14	11,495
Heart Failure and Shock (MS-DRG 291, 292, 293)	0	0	0	0
Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	0	0
Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	0	0
Angina Pectoris (MS-DRG 311)	0	0	0	0

### 2. Mean, Median and Range of Total Charges

Where applicable, report the mean, median and range of total charges for all cases for which each of the following ICD-9-CM codes was the principal procedure.

#### Dilation of Coronary Artery, One Artery

(ICD-10 Codes: 02703ZZ, 02704ZZ, 02703DZ; CPT Codes: 92920, 92928)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	\$0	\$0	\$0	\$0	0
Outpatient	\$0	\$0	\$0	\$0	0

#### Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach

(ICD-10 Code: 4A023N7; CPT Codes: 93452, 93458, 93459)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	\$0	\$0	\$0	\$0	0
Outpatient	\$0	\$0	\$0	\$0	0

### 3. Total Charges and Actual Reimbursement for Cardiac Catheterization Services

Please report the total charges and actual reimbursement received for cardiac catheterization services provided during the report period.

Total Charges	Actual Reimbursement
\$3,615,461	\$1,112,801



#### 4. Total Uncompensated Charges for Cardiac Catheterization Services

Please report the total uncompensated charges for cardiac catheterization services provided to patients that qualified as indigent or charity care cases where the facility did not receive any compensation.

Total Uncompensated Charges	Total Uncompensated I/C Patients
\$164,492	11

#### 5. Adjusted Gross Revenue for Cardiac Catheterization Services

Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue
\$1,277,293

#### 6. Primary Payment Source

Please report the total number of unduplicated cardiac catheterization patients, procedures, total charges and reimbursement by the patient's PRIMARY payer source. Report Peachcare for Kids patients with Third-Party. Then also provide the number of unduplicated patients, procedures, charges and reimbursement for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between two tables.

	Primary Payment Source				I/C Care Account
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	
Number of Cardiac Catheterization Patients (unduplicated)	88	7	0	12	9
Number of Procedures Billed	88	7	0	12	9
Number of Procedures Not Billed or Written Off	0	0	0	474,905	0
Total Charges	\$1,564,480	\$434,704	\$0	\$461,073	\$164,492
Actual Reimbursement	\$304,570	\$84,539	\$0	\$281,627	\$0

### Part E : Peer Review, Joint Commission Accreditation, OHS Referrals and Treatment Complications

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system. ☐

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below.

2. Check the box to the right if your program/facility is Joint Commission accredited. ☒

Enter your accreditation category in the space below.

HOSPITAL

3. How many community education programs has your program/facility participated in during the reporting period?

4

#### 4. OHSS Referrals

If your facility referred patients for open heart surgery services (regardless of whether your facility does or does not provide OHSS), please list the hospital(s) to which patients have been referred and the number referred. If your facility referred patients to out-of-state providers please select the state from the pull-down menu.

Referral Hospital	Number of Referrals
	0

#### 5. Cardiac Catheterization Treatment Session Complications

Please provide the number of both inpatient and outpatient therapeutic and diagnostic cardiac catheterization sessions which encountered or resulted in major and/or minor complications. (Total therapeutic and total diagnostic catheterization sessions are provided based on what was reported in Part C, Question 2B). Please refer to the instructions for guidelines regarding major versus minor classifications. Report complications occurring during the procedures or before discharge.

Cardiac Catheterization Category	Total Cath Sessions from Part C	Major Complications	Minor Complications	Total Complications
Therapeutic Cardiac Catheterizations Inpatient and Outpatient	0	0	0	0
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	192	0	0	0
<b>Total</b>	<b>192</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Part F : Patient Origin 2018

Please report the number of cardiac catheterization patients by county and age category. The total number of patients reported here must balance to the totals reported in Part C, Questions 4 and 5.

County	Patients 0-14	Patients 15+	Total
Colquitt	0	192	192
<b>Total Patients</b>	<b>0</b>	<b>192</b>	<b>192</b>

#### Part G : Comments

Please enter below any comments and suggestions that you have about this survey.

#### Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be

completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement or inaccurate data, nor omits requested material, information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: JULIE BHAVNANI

Title: ASST. CFO

Date: 7/23/2019

Comments:

# COLQUITT REGIONAL MEDICAL CENTER

Origination: 11/2003  
Last Approved: 02/2019  
Last Revised: 02/2019  
Next Review: 02/2021  
Owner: Samantha Allen: Director of  
Patient Financial Services  
Policy Area: PFS  
References:

## Accounts Receivable Discounts, 340.07

### ELIGIBILITY:

- A. RFT AND RPT medical center employees and their dependents after three (3) months of continuous employment.
- B. Hospital Authority Members and their dependents.
- C. Medical Staff Member and their dependents.
- D. Retired Medical Staff Members and their dependents.
- E. Employees of Colquitt Regional owned physician clinics.
- F. Prompt payment discounts to payers and patients not to exceed the current discount provided to the hospital managed care contracts. Payment should be made to the hospital within ten (10) days of the discount contract.
- G. Hospital Administration reserves the right to offer a special, one time, or promotional discount to the patient population of Colquitt Regional Medical Center.
- H. Discounts for extenuating circumstances may be approved by the Director of Patient Financial Services, AVP of Revenue Cycle, Vice President of Finance or Hospital Administration.

### APPLICATION:

- A. Medical Center Employees and their dependents, Hospital Authority Members and their dependents, Medical Staff Members and their dependents and Retired Medical Staff and their dependents are eligible for a 50% discount of their patient responsibility if paid in full or processed through payroll deduction. The discount is calculated on patient responsibility after third party payment or total charges of self pay balances.
- B. Discounts do not apply to any AMBULANCE SERVICE ACCOUNTS OR PRIVATE DUTY SERVICES.
- C. Prompt pay discounts can be offered up to the discounted amount of Preferred Provider Contracts without director approval. The current discount is 10 percent.
- D. Any other discount requires prior approval from the PFS Director, AVP Revenue Cycle or Vice President of Finance.

### Attachments:

No Attachments

## Approval Signatures

Approver	Date
Shamb Purohit: CFO	02/2019
Samantha Allen: Director of Patient Financial Services	02/2019

COPY

Friday, June 12, 2020

## **AHA Annual Survey - 2019**

This printout of the survey includes all the data that has been entered so far. If no data has been entered all the fields will be empty. If you have entered some or all of the data, it will be represented here (except responses to 'write-in' or 'dropdown' questions, where only the first item will print). Please keep a copy of the most complete survey for your records. If you have any questions, please contact the Health Forum/AHA Support Team.

Thank You.

**Colquitt Regional Medical Center (6380890)**

**3131 South Main Street**

**Moultrie, Georgia 31768**

**Colquitt County**

### **Survey Status**

Submitted

### **Date Started**

APR-21-20

### **Date Last Edited**

MAY-29-20

### **Date Submitted**

MAY-29-20

### **Survey Administrators**

James Matney

# AHA Annual Survey - 2019

**Colquitt Regional Medical Center (6380890)**

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Reporting Period	Completed	05/29/2020	James L Matney

## Section A: Question

	<u>Description</u>	<u>Answer</u>
1. Reporting Period used (beginning and ending date):	From (mm/dd/yyyy)	10/01/2018
	To (mm/dd/yyyy)	09/30/2019
2a. Were you in operation 12 full months at the end of your reporting period?		Yes
2b. Number of days open during reporting period:		365
3. Indicate the beginning of your current fiscal year	mm/dd/yyyy	10/01/2019

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Organizational Structure	Completed	05/29/2020	James L Matney

## Section B: Question

## Description

## Answer

1. Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. SELECT ONLY ONE:

16 Hospital district or authority  
(Government, non-federal)

2. Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of patients:

10 General medical and surgical

Other-specify treatment area:

OTHER

3a. Does your hospital restrict admissions primarily to children?

No

3b. Does the hospital itself operate subsidiary corporations?

Yes

3c. Is the hospital contract managed? If yes, please provide the name, city, and state of the organization that manages the hospital:

No

Name

City

State

Name

City

State

Name

City

State

Name

City

State

3d. Is your hospital owned in whole or in part by physicians or a physician group?

No

3e. If you checked 80 Acute long-term care hospital (LTCH) in the section B2 (Service), please indicate if you are a freestanding LTCH

If you are arranged in a general acute care hospital, what is your host hospital's name, city and state?



# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

<u>Section B: Question</u>	<u>Description</u>	<u>Answer</u>
3f. Are any other types of hospitals co-located in your hospital?		No
3g. What type of hospital is co-located? (Check all that apply)		
3g. What type of hospital is co-located? (Check all that apply)		

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

Section Title	Status	Last Edit Date	Last Edit By
Facilities and Services	Completed	05/29/2020	James L Matney

Section C: Facilities and Services	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (In my local community)	(4) Do Not Provide
1. General medical - surgical care	<input checked="" type="checkbox"/> (#Beds: 65)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical - surgical care	<input checked="" type="checkbox"/> (#Beds: 13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics (Please specify the level of unit provided by the hospital if applicable.)	<input checked="" type="checkbox"/> (#Beds: 11) Level: 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical-surgical intensive care	<input checked="" type="checkbox"/> (#Beds: 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac intensive care	<input checked="" type="checkbox"/> (#Beds: 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neonatal intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Neonatal intermediate care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Pediatric intensive care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Burn care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Other special care (Please specify the type of other special care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Other intensive care (Please specify the type of other intensive care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Physical rehabilitation	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Alcoholism-chemical dependency care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Psychiatric care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Skilled nursing care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Intermediate nursing care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Acute long-term care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Other long-term care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Other care (Please specify the type of other care provided by the hospital if applicable.)	<input type="checkbox"/> (#Beds: ____) (Specify: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Airborne infection isolation room (Please specify the number of rooms)	<input checked="" type="checkbox"/> # Rooms: 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alcoholism-chemical dependency care Services				
22a. Alcoholism-chemical dependency pediatric services	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

## Section C: Facilities and Services

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (In my local community)	(4) Do Not Provide
22b. Alcoholism-chemical dependency outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22c. Alcoholism-chemical dependency partial hospitalization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Alzheimer Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Ambulance services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Air Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Ambulatory surgery center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Auxiliary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bariatric/weight control services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Birthing room - LDR room - LDRP room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Blood Donor Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Breast cancer screening / mammograms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cardiology and cardiac surgery services:				
33a. Adult cardiology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33b. Pediatric cardiology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33c. Adult diagnostic catheterization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33d. Pediatric diagnostic catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33e. Adult interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33f. Pediatric interventional cardiac catheterization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33g. Adult cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33h. Pediatric cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33i. Adult cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33j. Pediatric cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33k. Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chaplaincy/pastoral care services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Children's wellness program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

## Section C: Facilities and Services

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38. Chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. Community outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Complementary and alternative medicine services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. Computer assisted orthopedic surgery (CAOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. Crisis prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Diabetes prevention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. Emergency services:				
45a. On-campus emergency department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45b. Off-campus emergency department	<input type="checkbox"/> (24 hours: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45c. Pediatric emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45d. Trauma center (certified) [Level of unit (1-3)] (Please specify the level of unit provided by the hospital if applicable.)	<input type="checkbox"/> (Level: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47. Endoscopic services:				
47a. Optical colonoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. Endoscopic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47c. Ablation of Barrett's esophagus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47d. Esophageal impedance study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47e. Endoscopic retrograde cholangiopancreatography (ERCP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Enrollment (insurance) assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. Employment support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. Fertility clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. Fitness center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54. Geriatric services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Health fair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Community health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Section C: Facilities and Services

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57. Genetic testing/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. Health screenings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Health research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. Hemodialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. HIV - AIDS services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Home health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Hospice program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Hospital - based outpatient care center - services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. Housing services:				
65a. Assisted living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65b. Retirement housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65c. Supportive housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Immunization program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Indigent care clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Linguistic/translation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Meal delivery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. Mobile health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
71. Neurological services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Nutrition programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Occupational health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Oncology services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Orthopedic services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Outpatient surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Pain management program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Palliative care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79. Palliative care inpatient unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80. Patient Controlled Analgesia (PCA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Patient education center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Patient representative services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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83. Physical rehabilitation services:				
83a. Assistive technology center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83b. Electrodiagnostic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83c. Physical rehabilitation outpatient services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83d. Prosthetic and orthotic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83e. Robot-assisted walking therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83f. Simulated rehabilitation environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84. Primary care department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Psychiatric services:				
85a. Psychiatric consultation - liaison services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85b. Psychiatric pediatric care	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85c. Psychiatric geriatric services	<input type="checkbox"/> (#Beds: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85d. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85e. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85g. Psychiatric intensive outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85h. Psychiatric partial hospitalization services - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85i. Psychiatric partial hospitalization services - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82j. Psychiatric residential treatment - adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85k. Psychiatric residential treatment - pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86. Radiology, diagnostic:				
86a. CT scanner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86b. Diagnostic radioisotope facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86c. Electron beam computed tomography (EBCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86d. Full-field digital mammography(FFDM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86e. Magnetic resonance imaging (MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86f. Intraoperative magnetic resonance imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86g. Magnetoencephalography (MEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Colquitt Regional Medical Center (6380890)

## Section C: Facilities and Services

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86h. Multi-slice spiral computed tomography(<64 + slice CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86i. Multi-slice spiral computed tomography (64+ slice CT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86j. Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86k. Positron emission tomography/CT (PET/CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
86l. Single photon emission computerized tomography (SPECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86m. Ultrasound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Radiology therapeutic:				
87a. Image-guided Radiation Therapy(IGRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87b. Intensity-Modulated Radiation Therapy (IMRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87c. Proton beam therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87d. Shaped Beam Radiation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87e. Stereotactic radiosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
88. Robotic surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Rural health clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Sleep center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Social work services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Sports medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Support groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Swing bed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Teen outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96. Tobacco treatment / cessation program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Telehealth				
97a. Consultation and office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97b. eICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97c. Stroke care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97d. Psychiatric and addiction treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97e. Remote patient monitoring:				
1. Post-discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ongoing chronic care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Colquitt Regional Medical Center (6380890)

## Section C: Facilities and Services

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3. Other remote patient monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97f. Other telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98. Transplant services:				
98a. Bone marrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98b. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98c. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98d. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98e. Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98f. Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
99. Transportation to health facilities (non-emergency)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Urgent care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101. Violence Prevention Programs:				
101a. For the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101b. For the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102. Virtual Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103. Volunteer services department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Women's health center / services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Wound management services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section C: Physician Arrangements

### Answer

### Answer (History)

106. Does your organization routinely integrate behavioral health services in the following care areas?

a. Emergency Services	<input type="text" value="No"/>	<input type="text" value="No"/>
b. Primary Care Services	<input type="text" value="No"/>	<input type="text" value="No"/>
c. Acute inpatient care	<input type="text" value="No"/>	<input type="text" value="No"/>
d. Extended care	<input type="text" value="No"/>	<input type="text" value="No"/>



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**Colquitt Regional Medical Center (6380890)**

107a. For each of the physician-organization arrangements, please report the number of involved physicians in these arrangements.

	Number of Physicians	My Hospital	My Health System	Do Not Provide
1. Independent Practice Association	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Group practice without walls	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Open Physician - Hospital Organization (PHO)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Closed Physician - Hospital Organization (PHO)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Management Service Organization (MSO)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Integrated Salary Model	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Equity Model	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Foundation	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Other, please specify:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107b. For those arrangements reported in 107a., please report the approximate ownership share.

	Hospital ownership share %	Physician ownership share %	Parent corporation ownership share %	Insurance ownership share %
1. Independent Practice Association (IPA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Group practice without walls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Open Physician-Hospital Organization (PHO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Closed Physician-Hospital Organization (PHO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Management Service Organization (MSO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Integrated Salary Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Equity Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Foundation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other, please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

107c. If the hospital owns physician practices, how are they organized?

	Percent %	Number of Physicians
107.1 Solo practice	35	8
107.2 Single specialty group	30	10
107.3 Multi-specialty group	35	11

# AHA Annual Survey - 2019

## Colquitt Regional Medical Center (6380890)

	<u>Answer</u>	<u>Answer (History)</u>
107d. Of the physician practices owned by the hospital, what percentage are primary care?	20	20
107e. Of the physician practices owned by the hospital, what percentage are specialty care?	80	80
108. Looking across all the relationships identified in question 107a, what is the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payors or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership)?	0	0
109a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?	No	No
109b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures. (Check all that apply).		
109b. Other		
109c. If you selected 'a'. Limited Service Hospital' please tell us what type(s) of services are provided (Check all that apply).		
109c. Other		
109d. Does your hospital participate in joint venture arrangements with organizations other than physician groups?	No	No

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Insurance and Alternative Payment Models	Completed	05/29/2020	James L Matney

## Section D: Question

## Answer

1. Does your hospital own or jointly own a health plan?

No

1a. In what states? (Select all that applies)

2. Does your system own or jointly own a health plan?

No

2a. In what states? (Select all that applies)

3. Does your hospital/system have a significant partnership with an insurer on an insurance company/health plan?

No

3a. In what states? (Select all that applies)

4. If yes, to 1, 2 and/or 3, please indicate the insurance products and the total medical enrollment (check all that apply)

4. Insurance

<u>Insurance Product</u>	<u>Hospital</u>	<u>System</u>	<u>JV</u>	<u>Medical Enrollment</u>	<u>New Product</u>	<u>No</u>	<u>Do Not Know</u>
a. Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid Managed Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health Insurance Marketplace ("exchange")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Individual Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Large Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Answer

If yes, to 4.g. Other Please specify:

5. Does your health plan make capitated payments to physicians either within or outside of your network for specific groups or enrollees?

## Answer

a. Physicians within your network

No

b. Physicians outside your network

No

# AHA Annual Survey - 2019

## Colquitt Regional Medical Center (6380890)

6. Does your health plan make bundled payments to providers in your network or to outside providers?

[Answer](#)

a. Providers within your network

No

b. Providers outside your network

No

7. Does your health plan offer shared risk contracts either to providers in your network or to outside providers? (i.e., other than capitation or bundled payment)

[Answer](#)

a. Providers within your network

No

b. Providers outside your network

No

8. Does your hospital or system offer a self-administered health plan for your employees?

[Answer](#)

No

9. What percentage of the hospital's net patient revenue is paid on a capitated basis?

[Answer](#)

0

9a. In total, how many enrollees do you serve under capitated contracts?

10. Does your hospital participate in any bundled payment arrangement?

No

10a. If yes, with which of the following types of payers does your hospital have a bundled payment arrangement? (Select all that apply)

1. Traditional Medicare

☐

2. A Medicare Advantage plan

☐

3. A commercial insurance plan including ACA participants, individual, group or employer markets

☐

4. Medicaid

☐

[Answer](#)

10b. For which of the following medical/surgical conditions does your hospital have a bundled payment arrangement? (Select all that apply)

Other (please specify)

10c. what percentage of the hospital's patient revenue is paid through bundled payment arrangements

11. Does your hospital participate in a bundled payment program involving care settings outside of the hospital (e.g. physician, outpatient, post acute)?

No

11a. If yes, does your hospital share upside or downside risk with any of those outside providers?

No

# AHA Annual Survey - 2019

**Colquitt Regional Medical Center (6380890)**

[Answer](#)

12. What percentage of your hospital's patient revenue is paid on a shared risk basis (other than capitated or bundled payment)?

0

13. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis?

No

14. Does your hospital have contracts with commercial payers where payment is tied to performance on quality/safety metrics?

No

[Answer](#)

15a. Has your hospital or health care system established an accountable care organization (ACO)?

4. My hospital/system has never participated or led an ACO

15b. With which of the following types of payers does your hospital/system have an accountable care contract? (Select all that apply)

15c. If you selected Traditional Medicare, in which of the following Medicare programs is your hospital/system participating? (Select all that apply)

- ☐ 1. MSSP Track 1
- ☐ 2. MSSP Track 2
- ☐ 3. MSSP Track 3
- ☐ 4. MSSP Track 1+
- ☐ 5. NextGen
- ☐ 6. Comprehensive ESRD Care

[Answer](#)

15d. What percentage of your hospital's/system patients are covered by accountable care contracts?

15e. What percentage of your hospital's/system patient revenue came from ACO contracts in 2019?

16a. In what year did your hospital's/system last ACO contract end?

16b. Which of the following types of payers did your hospital's/system have an accountable care contract with? (Select all that apply)

16c. In which of the following Medicare programs did your hospital's/system participate? (Select all that apply)

16d. How many commercial accountable care contracts has your hospital's/system previously been a part of?

17. Has your hospital's/system ever considered participating in an ACO?

- a. Yes, and we are planning to join on ☐
- b. Yes, but we are not planning to join one ☐
- c. No, we have not even considered it ☐

[Answer](#)

18. Do any hospitals and/or physician groups within your system or the system itself, plan to participate in any of the following risk arrangements in the next three years? (Check all that apply)

i. None

18. Other, please specify

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

19. Does your hospital/system have an established medical home program?

- a. Hospital
- b. System

[Answer](#)

No
No

20. Has your hospital/system established a clinically integrated network?

- a. Hospital
- b. System

[Answer](#)

No
No

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Total Facility Beds, Utilization, Finances & Staffing	Completed	05/29/2020	James L Matney

## Section E: Question

### Total Facility

### Total Facility (History)

### Nursing Home Unit/Facility

### Nursing Home Unit/Facility (History)

## 1. BEDS AND UTILIZATION

a. Total licensed beds.	99	99		
b. Beds set up and staffed for use at the end of the reporting period (Do not report licensed beds)	99	99		
c. Bassinets set up and staffed for use at the end of the reporting period	12	12		
d. Births (exclude fetal deaths)	496	562		
e. Admissions (exclude newborns, include neonatal & swing admissions)	4,793	4,718		
f. Inpatient days (exclude newborns, include neonatal & swing days)	20,181	20,627		
g. Emergency department visits	34,669	34,566		
h. Total outpatient visits (include emergency department visits & outpatient surgeries)	158,110	151,793		
i. Inpatient surgical operations	773	796		
j. Number of operating rooms	6	6		
k. Outpatient surgical operations	2,631	2,356		

# AHA Annual Survey - 2019

**Colquitt Regional Medical Center (6380890)**

## Section E: Question (continued)

Medicare/Medicaid

### 2. MEDICARE/MEDICAID UTILIZATION

(exclude newborns, Include neonatal & swing days &

a. 1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)

3,109	2,595		
-------	-------	--	--

a. 2. How many Medicare inpatient discharges were Medicare Managed Care?

965	691		
-----	-----	--	--

b. 1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)

13,081	12,473		
--------	--------	--	--

b. 2. How many Medicare inpatient days were Medicare Managed Care?

4,063	3,320		
-------	-------	--	--

c. 1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)

712	799		
-----	-----	--	--

c. 2. How many Medicaid inpatient discharges were Medicaid Managed Care?

339	352		
-----	-----	--	--

d. 1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)

2,996	3,507		
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d. 2. How many Medicaid inpatient days were Medicaid Managed Care?

1,427	1,545		
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# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

## Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
3. FINANCIAL				
*a. Net patient revenue (treat bad debt as a deduction from revenue)	133,796,582	121,511,252		
*b. Tax appropriations	0	0		
*c. Other operating revenue	4,951,768	3,563,684		
*d. Nonoperating revenue	3,692,171	5,209,643		
*e. TOTAL REVENUE (add 3a thru 3d)	142,440,521	130,284,579		
f. Payroll expenses (only)	54,065,714	51,625,178		
g. Employee benefits	11,940,769	10,450,566		
h. Depreciation expense (for reporting period only)	9,042,826	8,492,194		
i. Interest expense	1,320,530	1,034,378		
j. Pharmacy Expense	3,812,398	4,060,004		
k. Supply expense (other than pharmacy)	21,889,028	22,583,423		
l. All other expenses	24,964,752	20,767,475		
m. TOTAL EXPENSES (Add 3f thru 3l. Exclude bad debt)	127,036,017	119,013,218		
n. Do your total expenses (E3.m) reflect full allocation from your corporate office?	Yes	Yes		
*4. Revenue By type				
a. Total gross inpatient revenue	139,282,221	128,757,979		
b. Total gross outpatient revenue	285,404,237	258,054,799		
c. Total gross patient revenue	424,686,458	386,812,778		
*5. Uncompensated Care & Provider Taxes				
a. Bad debt (Revenue forgone at full established rates. Include in gross revenue)	30,665,150	29,024,228		
b. Financial Assistance (includes Charity) (Revenue forgone at full established rates. Include in gross revenue)	9,504,778	6,965,242		
c. Is your bad debt (5a.) reported on the basis of full charges?	No	No		
d. Does your state have a provider Medicaid tax/assessment program?	Yes	Yes		

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

Section E: Question (continued)

	<u>Total Facility</u>	<u>Total Facility (History)</u>	<u>Nursing Home Unit/Facility</u>	<u>Nursing Home Unit/Facility (History)</u>
e. If yes, please report the total gross amount paid into the program	1,311,626	1,216,638		
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in: Total Expenses.....	Yes	Yes		
f. Due to differing accounting standards please indicate whether the provider tax/assessment amount is included in: Deductions from net Patient Revenue.....	No	No		

# AHA Annual Survey - 2019

## Colquitt Regional Medical Center (6380890)

### Section E: Question (continued)

#### 6. REVENUE BY PAYOR (report total facility gross and net figures)

	(1) <u>Gross</u>	(1) <u>Gross (History)</u>	(2) <u>Net</u>	(2) <u>Net (History)</u>
*6a. GOVERNMENT				
6a1. Medicare				
6a1a. Fee for service patient revenue	163,583,292	160,291,773	29,513,292	28,061,769
6a1b. Managed care revenue	73,688,399	58,145,083	19,734,021	14,807,427
6a1c. Total (a + b)	237,271,691	218,436,856	49,247,313	42,869,196
Medicaid				
6a2. Medicaid:				
6a2a. Fee for service patient revenue	29,936,304	30,817,133	10,963,212	12,469,347
6a2b. Managed care revenue	27,237,598	24,254,406	3,655,651	3,625,379
6a2c. Medicaid Graduate Medical Education (GME) payments			1,044,201	420,332
6a2d. Medicaid Disproportionate Share Hospital Payments (DSH)			2,431,663	2,327,093
6a2e. Medicaid supplemental payments: not including Medicaid Disproportionate Share Hospital Payments)			864,193	1,167,959
6a2f. Other Medicaid			0	0
6a2g. Total (a+b+c+d+e+f)	57,173,902	55,071,539	18,958,920	20,010,110
6a3. Other Government:	5,088,592	4,532,915	1,374,442	1,231,430
6b1. Self-pay	34,389,268	28,619,385	2,238,764	956,201
6b2a. Managed care (includes HMO and PPO)	67,195,827	56,442,554	50,145,542	42,286,434
6b2b. Other third - party payers	13,012,743	13,817,112	3,917,559	8,033,086
6b2c. Total Third - party payers (a+b)	80,208,570	70,259,666	54,063,101	50,319,520
6b3. All Other nongovernment	10,554,435	9,892,417	7,914,042	6,124,795
*6c. TOTAL	424,686,458	386,812,778	133,796,582	121,511,252

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

## Section E: Question (continued)

If you reported receiving Medicaid Supplemental Payments on line 6.a(2)e, please break the payment total into inpatient and outpatient care.

Medicaid supplemental payments

\*6e. If you are a government owned facility, does your facility participate in the Medicaid intergovernmental transfer or certified public expenditure program.

\*6f. If yes, please report gross and net revenue.

\*6g. Are the financial data reported from your audited financial statement?

6h. IS THERE ANY REASON WHY YOU CANNOT ENTER REVENUE BY PAYER?

### \*7. FINANCIAL PERFORMANCE - MARGIN

\*a. Total Margin

\*b. Operating Margin

\*c. EBITDA Margin

\*d. Medicare Margin

\*e. Medicaid Margin

8. Fixed Assets

8a. Property, plant and equipment at cost

8b. Accumulated depreciation

8c. Net property, plant and equipment (a - b)

8d. Total gross square feet of your physical plant used for or in support of your healthcare activities

9. Total Capital Expenses

Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.

### 10. INFORMATION TECHNOLOGY AND CYBERSECURITY

a. IT Operating Expense

b. IT Capital Expense.

Inpatient

Inpatient  
(History)

Outpatient

Outpatient  
(History)

--	--	--	--

Answer

Answer (History)

--	--

Gross

Net

--	--

Answer

Answer (History)

Yes	Yes
-----	-----

No	No
----	----

Answer

Answer (History)

--	--

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203,117,955	186,598,882
-------------	-------------

112,067,534	103,694,989
-------------	-------------

91,050,421	82,903,893
------------	------------

307,171	307,171
---------	---------

18,849,297	14,867,764
------------	------------

2,689,138	2,734,131
-----------	-----------

3,833,223	991,827
-----------	---------

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

	<u>Answer</u>	<u>Answer (History)</u>
c. Number of Employed IT staff (in FTEs).	16	15
d. Number of outsourced IT staff (in FTEs).	0	0
*e. What percentage of your IT budget is spent on security?	20	15
f. Which of the following cybersecurity measures does your hospital or health system currently deploy?*	a. Annual risk assessment, b. Incident response plan, c. Intrusion detection systems, d. Mobile device encryption, e. Mobile device data wiping, f. Penetration testing to identify security vulnerabilities , g. Strong password requirements, h. Two-factor authentication	a. Annual risk assessment, b. Incident response plan, c. Intrusion detection systems, d. Mobile device encryption, e. Mobile device data wiping, f. Penetration testing to identify security vulnerabilities , g. Strong password requirements, h. Two-factor authentication

## CYBERSECURITY

g. Does your hospital or health system board oversight of risk management and reduction specifically include consideration of cybersecurity risk?*	Yes	Yes
--	-----	-----

h. Does your hospital or health system have cybersecurity insurance?*	Yes	
---	-----	--

i. Is your hospital or health system participating in cybersecurity information-sharing activities with an outside information Sharing and Analysis Organization to identify threats and vulnerabilities?*	Yes	
--	-----	--

\*These data will be treated as confidential and not released without written permission. AHA will, however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association.

\*For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box.

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# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

## Section E: 11. Staffing

	<u>Full-Time (35 hr/wk or more) On Payroll</u>	<u>Full-Time (History)</u>	<u>Part-Time (&lt;35 hr/wk) On Payroll</u>	<u>Part-Time (History)</u>	<u>FTE</u>	<u>Vacancies</u>	<u>Vacancies (History)</u>
a. Physicians	21	15	1	0	21	0	0
b. Dentists	0	0	0	0	0	0	0
c. Medical residents/interns	12		0		12	0	
d. Dental residents/interns	0		0		0	0	
e. Other trainees	0	0	0	0	0	0	0
f. Registered nurses	127	115	132	121	185	18	14
g. Licensed practical (vocational) nurses	33	30	4	4	33	3	4
h. Nursing assistive personnel	81	77	65	62	110	3	3
i. Radiology technicians	29	28	6	5	33	0	0
j. Laboratory technicians	36	36	10	7	41	3	2
k. Pharmacists, licensed	6	6	2	2	7	1	0
l. Pharmacy technicians	9	9	0	0	9	0	0
m. Respiratory therapists	12	10	5	11	14	0	1
n. All other personnel	620	452	66	57	635	1	18
o. Total facility personnel (add 11.a through 11.n)(Total facility personnel should include hospital plus nursing home type unit/facility personnel reported in 11.p and 11.q)	986	785	291	269	1100	29	42
p. Nursing home type unit/facility Registered Nurses	0	0	0	0	0	0	0
q. Nursing home type unit/facility personnel	0	0	0	0	0	0	0

r. For your employed RNs reported above (F.11.f, column 3), please report the number of full time equivalents who are involved in direct patient care.	<u>Answer</u>	<u>Answer (History)</u>
	193	150

s. For your medical residents/interns reported above (E.11c. column 1) please indicate the number of full-time on payroll.	<u>Answer</u>	<u>Answer (History)</u>
1. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics)	12	
2. Other Specialties	0	

# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

## Section E: 12. Privileged Physicians

	(1) <u>Total Employed</u>	(2) <u>Total Individual</u>	(3) <u>Total Group Contract</u>	(4) <u>Not Employed or Under Contract</u>	(5) <u>Total Privileged</u>
a. Primary care (general practitioner, general internal medicine, family practice, general	13		1	2	16
b. Obstetrics/gynecology	4				4
c. Emergency medicine	5				5
d. Hospitalist	14				14
e. Intensivist					
f. Radiologist/pathologist/anesthesiologist	5		3		8
g. Other specialist	20		8	2	30
h. Total (add 12a-12g)	61	0	12	4	77

## 13. HOSPITALISTS

	<u>Answer</u>	<u>Answer (History)</u>
13a. Do hospitalists provide care for patients in your hospital? (if yes, please report in E.12c.)	Yes	Yes
13b. If yes, please report the total number of full-time equivalents (FTE) hospitalists. FTE	14	8

## 14. INTENSIVISTS

	<u>Answer</u>	<u>Answer (History)</u>
a. Do intensivists provide care for patients in your hospital. (If no, please skip to question 15.) (if yes, please report in E.12e.)	No	No
b. If yes, please report the total number of FTE intensivists and assign them to the following areas. Please indicate whether the intensive care area is closed to intensivists. (Meaning that only intensivists are allowed to care for ICU patients.)		

	<u>FTE</u>	<u>Closed</u>	<u>FTE (History)</u>	<u>Closed (History)</u>
1. Medical-surgical intensive care				
2. Cardiac intensive care				
3. Neonatal intensive care				
4. Pediatric intensive care				
5. Other intensive care				
6. Total				

# AHA Annual Survey - 2019

**Colquitt Regional Medical Center (6380890)**

## 15. ADVANCED PRACTICE REGISTERED NURSES / PHYSICIAN ASSISTANTS

	<u>Answer</u>	<u>Answer (History)</u>
a. Do advanced practice nurses/physician assistants provide care for patients in your hospital?(if no, please skip to 16.)	Yes	Yes
Advanced Practice Registered Nurses Full-time	23	20
Advanced Practice Registered Nurses Part-time	0	0
Advanced Practice Registered Nurses FTE	23	20
Physician Assistants Full-time	6	5
Physician Assistants Part-time		
Physician Assistants FTE	5	5
c. If yes, please indicate the type of service provided. (Please check all that apply)	Primary care, Anesthesia services, Emergency department care, Other specialty care	

## 16. FOREIGN EDUCATED NURSES

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2019 vs. 2018?	Did not hire foreign nurses	Did not hire foreign nurses
b. From which countries/continents are you recruiting foreign-educated nurses? (check all that apply)		



# AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

<u>Section Title</u>	<u>Status</u>	<u>Last Edit Date</u>	<u>Last Edit By</u>
Supplemental Information	Completed	05/29/2020	James L Matney

## Section F: Supplemental Information

	<u>Answer</u>
1. Does your hospital provide services through satellite outpatient departments?	No

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

<u>Facilities</u>	<u>Check all that apply</u>	<u>Number of On-Campus Sites</u>	<u>Number of Off-Campus Sites</u>
Airway endoscopy	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ambulatory surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Blood product exchange	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cardiac/pulmonary rehabilitation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Diagnostic/screening test and related procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Drug administration and clinical oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ear, nose throat (ENT)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
General surgery and related procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gastrointestinal (GI)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gynecology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laboratory	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Major imaging	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Minor imaging	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Musculoskeletal surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nervous system procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ophthalmology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pathology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Primary care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Psychiatric care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Radiation oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Rehabilitation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Skilled nursing	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

# AHA Annual Survey - 2019

**Colquitt Regional Medical Center (6380890)**

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

<u>Facilities</u>	<u>Check all that apply</u>	<u>Number of On-Campus Sites</u>	<u>Number of Off-Campus Sites</u>
Substance abuse/chemical dependency	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Urgent care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Urology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vascular/endovascular/cardiovascular	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Visits and related services	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other, please specify:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

2. Does the hospital participate in a group purchasing arrangement? If yes, please provide the name, city, and state of the group purchasing organization(s):

Answer

Yes
Healthtrust
Brentwood
TN
Yes
Owens & Minor
Cardinal
15

3. Does the hospital purchase medical/surgical supplies directly through a distributor?

If yes, please provide the name(s) of the distributor.

If yes, please provide the name(s) of the distributor.

If yes, please provide the name(s) of the distributor.

4. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

5. Describe the extent of your hospital's current partnerships with the following types of organizations for community or population health improvement initiatives.

	<u>Not Involved</u>	<u>Collaboration</u>	<u>Formal Alliance</u>
a. Health care providers outside your system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local or state public health organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Local or state human/social service organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other local or state government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-profit organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Faith-based organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# AHA Annual Survey - 2019

## Colquitt Regional Medical Center (6380890)

g. Health insurance companies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Schools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Local businesses or chambers of commerce	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. National businesses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (list):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Answer

6. Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?

No

7. Does your hospital have a policy or guidelines that facilitate unrestricted access, 24 hours a day, to hospitalized patients

b. Exists across some units

8. Use this space for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

9. Does your hospital or health system have an Internet or Homepage address? If yes, please provide the address.

Yes

www.colquittregional.com

10. Please indicate below whether or not you agree to these types of disclosure:

I hereby grant AHA permission to release my hospital's revenue data to external users that

Your Name & Title

Shamb Purohit

VP Finance/CFO

Your Email Address

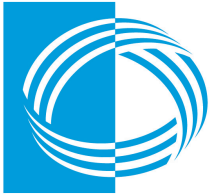
cdesalvo@colquittregional.com

Your Phone Number

(229)890-3513

Your Fax Number

(229)891-9335



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2019 Annual Hospital Questionnaire**

**Part A : General Information**

**1. Identification**

**UID:HOSP524**

**Facility Name:** Colquitt Regional Medical Center

**County:** Colquitt

**Street Address:** P O Box 40

**City:** Moultrie

**Zip:** 31776-0040

**Mailing Address:** P O Box 40

**Mailing City:** Moultrie

**Mailing Zip:** 31776-0040

**Medicaid Provider Number:** 00002021

**Medicare Provider Number:** 110105

**2. Report Period**

Report Data for the full twelve month period- January 1, 2019 through December 31, 2019.

***Do not use a different report period.***

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

**Part B : Survey Contact Information**

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Shamb Purohit

**Contact Title:** Vice President Finance

**Phone:** 229-890-3566

**Fax:** 229-891-2117

**E-mail:** scausbey@colquittregional.com

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

#### A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hospital Authority of Colquitt County	Hospital Authority	12/6/1949

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

### 2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☐

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system ☐

Name:

City: State:

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☐

Name:

City: State:

**5.** Check the box to the right if the hospital itself operates subsidiary corporations ☒

**Name:** Colquitt Regional Health, Inc

**City:** Moultrie **State:** GA

**6.** Check the box to the right if your hospital is a member of an alliance. ☐

**Name:**

**City:** **State:**

**7.** Check the box to the right if your hospital is a participant in a health care network ☐

**Name:**

**City:** **State:**

**8.** Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors. ☒

**9.** Check the box to the right if the hospital owns or operates a primary care physician group practice. ☒

**10a. Managed Care Information: Formal Written Contract**

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO) ☒

2. Preferred Provider Organization(PPO) ☒

3. Physician Hospital Organization(PHO) ☐

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☐

**10b. Managed Care Information: Insurance Products**

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Owner or Owner Parent Based in Another State**

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

## Part D : Inpatient Services

### 1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	11	534	1,332	532	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	78	3,887	16,045	4,160	0
Intensive Care	10	381	2,674	227	0
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
<b>Total</b>	<b>99</b>	<b>4,802</b>	<b>20,051</b>	<b>4,919</b>	<b>0</b>

## **2. Race/Ethnicity**

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	2	8
Asian	11	44
Black/African American	1,271	5,663
Hispanic/Latino	329	1,031
Pacific Islander/Hawaiian	2	8
White	3,179	13,260
Multi-Racial	8	37
<b>Total</b>	<b>4,802</b>	<b>20,051</b>

## **3. Gender**

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	1,962	8,716
Female	2,840	11,335
<b>Total</b>	<b>4,802</b>	<b>20,051</b>

## **4. Payment Source**

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	2,810	12,799
Medicaid	915	3,429
Peachare	0	0
Third-Party	649	2,308
Self-Pay	428	1,515
Other	0	0

## **5. Discharges to Death**

Report the total number of inpatient admissions discharged during the reporting period due to death.

102

## **6. Charges for Selected Services**

Please report the hospital's average charges as of 12-31-2019 (to the nearest whole dollar).

Service	Charge
Private Room Rate	715
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	5,859
Average Total Charge for an Inpatient Day	6,127



## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

34,770

### **2. Inpatient Admissions from ER**

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

0

### **3. Beds Available**

Please report the number of beds available in ER as of the last day of the report period.

24

### **4. Utilization by Specific type of ER bed or room for the report period.**

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	2	546
General Beds	2	34,224
	0	0
	0	0
	0	0
	0	0

### **5. Transfers**

Please provide the number of Transfers to another institution from the Emergency Department.

725

### **6. Non-Emergency Visits**

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

158,643

### **7. Observation Visits/Cases**

Please provide the total number of Observation visits/cases for the entire report period.

3,670

### **8. Diverted Cases**

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

### **9. Ambulance Diversion Hours**

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

## 10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

338

## Part F : Services and Facilities

### 1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. *(Use the blank lines to specify other services.)*

#### Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

#### Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podiatric Services	0	0
Renal Dialysis	1	1
ESWL	2	1
Biliary Lithotripter	0	0
Kidney Transplants	0	0
Heart Transplants	0	0
Other-Organ/Tissues Transplants	0	0
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	2	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	0	0
Audiology Services	0	0
HIV/AIDS Diagnostic Treatment/Services	0	0
Ambulance Services	1	1
Hospice	1	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

**1b. Report Period Workload Totals**

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	12,972
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	31,597
Number of CTS Units (machines)	2
Number of CTS Procedures	13,659
Number of Diagnostic Radioisotope Procedures	1,848
Number of PET Units (machines)	1
Number of PET Procedures	162
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	2,030
Number of Chemotherapy Treatments	2,011
Number of Respiratory Therapy Treatments	134,005
Number of Occupational Therapy Treatments	10,498
Number of Physical Therapy Treatments	52,612
Number of Speech Pathology Patients	22,544
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	7,340
Number of Hospice Patients	181
Number of Respite care Patients	5
Number of Ultrasound/Medical Sonography Units	3
Number of Ultrasound/Medical Sonography Procedures	6,072
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

**2. Medical Ventilators**

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

13

**3. Robotic Surgery System**

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
1	304	XI Robot

## Part G : Facility Workforce Information

### 1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2019. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2019.

Profession	Profession	Profession	Profession
Licensed Physicians	14.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	4.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	268.00	18.00	0.00
Licensed Practical Nurses (LPNs)	44.00	1.00	0.00
Pharmacists	6.00	0.00	0.00
Other Health Services Professionals*	469.00	16.00	0.00
Administration and Support	287.00	12.00	0.00
All Other Hospital Personnel (not included above)	273.00	12.00	0.00

### 2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	30 Days or Less
Registered Nurses (RNs-Advance Practice)	30 Days or Less
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	30 Days or Less
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

### 3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	1
Black/African American	16
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	67
Multi-Racial	0

### 4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	10	<input type="checkbox"/>	0	0
General Internal Medicine	4	<input type="checkbox"/>	0	0
Pediatricians	2	<input type="checkbox"/>	0	0
Other Medical Specialties	29	<input checked="" type="checkbox"/>	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	3	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	1	<input type="checkbox"/>	0	0
Ophthalmology Surgery	2	<input type="checkbox"/>	0	0
Orthopedic Surgery	3	<input type="checkbox"/>	0	0
Plastic Surgery	2	<input type="checkbox"/>	0	0
General Surgery	5	<input type="checkbox"/>	0	0
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	6	<input type="checkbox"/>	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	3	<input checked="" type="checkbox"/>	0	0
Dermatology	2	<input type="checkbox"/>	0	0
Emergency Medicine	6	<input checked="" type="checkbox"/>	0	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	2	<input checked="" type="checkbox"/>	0	0
Psychiatry	1	<input type="checkbox"/>	0	0
Radiology	2	<input checked="" type="checkbox"/>	0	0
Pain	1	<input checked="" type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

**5a. Non-Physicians**

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	0
Podiatrists	2
Certified Nurse Midwives with Clinical Privileges in the Hospital	1
All Other Staff Affiliates with Clinical Privileges in the Hospital	9

**5b. Name of Other Professions**

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Physician Assistants and Nurse Practitioners

**Comments and Suggestions:**

## Part H : Physician Name and License Number

### 1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

## Part I : Patient Origin Table

### 1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services

Surg=Outpatient Surgical

OB=Obstetric

P18+=Acute psychiatric adult 18 and over

P13-17=Acute psychiatric adolescent 13-17

P0-12=Acute psychiatric children 12 and under

Rehab=Inpatient Rehabilitation

S18+=Substance abuse adult 18 and over

S13-17=Substance abuse adolescent 13-17

E18+=Extended care adult 18 and over

E13-17=Extended care adolescent 13-17

E0-12=Extended care children 0-12

LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	15	17	1	0	0	0	0	0	0	0	0	0	0
Appling	2	3	0	0	0	0	0	0	0	0	0	0	0
Atkinson	0	1	0	0	0	0	0	0	0	0	0	0	0
Bacon	1	2	0	0	0	0	0	0	0	0	0	0	0
Baker	0	1	0	0	0	0	0	0	0	0	0	0	0
Barrow	1	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	1	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	4	20	0	0	0	0	0	0	0	0	0	0	0
Berrien	12	38	3	0	0	0	0	0	0	0	0	0	0
Bibb	1	2	0	0	0	0	0	0	0	0	0	0	0
Brantley	0	2	0	0	0	0	0	0	0	0	0	0	0
Brooks	42	38	10	0	0	0	0	0	0	0	0	0	0
Calhoun	1	2	1	0	0	0	0	0	0	0	0	0	0
Camden	0	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	1	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	1	0	0	0	0	0	0	0	0	0	0	0	0
Clinch	2	6	0	0	0	0	0	0	0	0	0	0	0
Coffee	7	4	1	0	0	0	0	0	0	0	0	0	0
Colquitt	3,911	2,856	394	0	0	0	0	0	0	0	0	0	0
Cook	89	82	17	0	0	0	0	0	0	0	0	0	0
Crisp	1	2	0	0	0	0	0	0	0	0	0	0	0
Decatur	4	18	1	0	0	0	0	0	0	0	0	0	0
DeKalb	2	0	1	0	0	0	0	0	0	0	0	0	0
Dodge	0	1	0	0	0	0	0	0	0	0	0	0	0
Dooly	6	1	1	0	0	0	0	0	0	0	0	0	0
Dougherty	40	22	10	0	0	0	0	0	0	0	0	0	0
Early	1	1	0	0	0	0	0	0	0	0	0	0	0



Echols	0	1	0	0	0	0	0	0	0	0	0	0	0
Fayette	1	0	0	0	0	0	0	0	0	0	0	0	0
Florida	38	35	2	0	0	0	0	0	0	0	0	0	0
Floyd	1	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	1	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	1	3	0	0	0	0	0	0	0	0	0	0	0
Grady	21	40	2	0	0	0	0	0	0	0	0	0	0
Gwinnett	1	0	0	0	0	0	0	0	0	0	0	0	0
Harris	1	0	0	0	0	0	0	0	0	0	0	0	0
Houston	1	1	0	0	0	0	0	0	0	0	0	0	0
Irwin	2	7	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	0	2	0	0	0	0	0	0	0	0	0	0	0
Johnson	0	1	0	0	0	0	0	0	0	0	0	0	0
Lanier	6	3	2	0	0	0	0	0	0	0	0	0	0
Lee	5	12	0	0	0	0	0	0	0	0	0	0	0
Lowndes	74	149	23	0	0	0	0	0	0	0	0	0	0
McIntosh	1	0	0	0	0	0	0	0	0	0	0	0	0
Miller	2	3	0	0	0	0	0	0	0	0	0	0	0
Mitchell	66	67	20	0	0	0	0	0	0	0	0	0	0
Muscogee	1	0	0	0	0	0	0	0	0	0	0	0	0
Oconee	1	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	57	0	0	0	0	0	0	0	0	0	0	0	0
Peach	1	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	1	0	0	0	0	0	0	0	0	0	0	0
Pike	1	0	0	0	0	0	0	0	0	0	0	0	0
Polk	1	0	0	0	0	0	0	0	0	0	0	0	0
Randolph	0	1	0	0	0	0	0	0	0	0	0	0	0
Richmond	1	1	0	0	0	0	0	0	0	0	0	0	0
Seminole	3	4	0	0	0	0	0	0	0	0	0	0	0
Spalding	1	0	0	0	0	0	0	0	0	0	0	0	0
Stewart	0	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	0	5	0	0	0	0	0	0	0	0	0	0	0
Terrell	2	1	0	0	0	0	0	0	0	0	0	0	0
Thomas	223	266	27	0	0	0	0	0	0	0	0	0	0
Tift	101	95	13	0	0	0	0	0	0	0	0	0	0
Turner	5	14	1	0	0	0	0	0	0	0	0	0	0
Walker	0	1	0	0	0	0	0	0	0	0	0	0	0
Walton	1	0	0	0	0	0	0	0	0	0	0	0	0
Ware	3	7	0	0	0	0	0	0	0	0	0	0	0
Wilcox	0	3	0	0	0	0	0	0	0	0	0	0	0
Worth	33	43	4	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4,802</b>	<b>3,887</b>	<b>534</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Surgical Services Addendum

### Part A : Surgical Services Utilization

#### 1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	6
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
C-Section Room	2	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>6</b>

#### 2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	713	3,499
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	2,092
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>713</b>	<b>5,591</b>

#### 3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	713	3,499
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	2,092
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>713</b>	<b>5,591</b>

### Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

#### 1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	9
Asian	9
Black/African American	884
Hispanic/Latino	233
Pacific Islander/Hawaiian	3
White	2,741
Multi-Racial	8
<b>Total</b>	<b>3,887</b>

## **2. Age Grouping**

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	247
Ages 15-64	2,543
Ages 65-74	752
Ages 75-85	301
Ages 85 and Up	44
<b>Total</b>	<b>3,887</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	1,519
Female	2,368
<b>Total</b>	<b>3,887</b>

## **4. Payment Source**

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	1,572
Medicaid	600
Third-Party	1,520
Self-Pay	195

## **Perinatal Services Addendum**

### **Part A : Obstetrical Services Utilization**

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

#### **1. Number of Delivery Rooms: 4**

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 4
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 155
6. Total Live Births: 513
7. Total Births (Live and Late Fetal Deaths): 520
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 520

## Part B : Newborn and Neonatal Nursery Services

### 1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	10	504	1,320	0
Specialty Care (Intermediate Neonatal Care)	2	16	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

## Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

### 1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	0	0
Asian	4	13
Black/African American	155	382
Hispanic/Latino	160	407
Pacific Islander/Hawaiian	0	0
White	212	528
Multi-Racial	3	2
<b>Total</b>	<b>534</b>	<b>1,332</b>

## **2. Age Grouping**

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	1	3
Ages 15-44	523	1,311
Ages 45 and Up	10	18
<b>Total</b>	<b>534</b>	<b>1,332</b>

## **3. Average Charge for an Uncomplicated Delivery**

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$7,286.00

## **4. Average Charge for a Premature Delivery**

Please report the average hospital charge for a premature delivery.

\$8,486.00

## **LTCH Addendum**

### **Part A : General Information**

**1a. Accreditation** Check the box to the right if your Long Term Care Hospital is accredited. ☐  
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

### **1b. Level/Status of Accreditation**

Please provide your organization's level/status of accreditation.

**2. Number of Licensed LTCH Beds: 0**

**3. Permit Effective Date:**

**4. Permit Designation:**

**5. Number of CON Beds: 0**

**6. Number of SUS Beds: 0**

**7. Total Patient Days: 0**

**8. Total Discharges: 0**

**9. Total LTCH Admissions: 0**

### **Part B : Utilization by Race, Age, Gender and Payment Source**

#### **1. Race/Ethnicity**

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## **2. Age of LTCH Patient**

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## **3. Gender**

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## **4. Payment Source**

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

## **Psychiatric/Substance Abuse Services Addendum**

### **Part A : Psychiatric and Substance Abuse Data by Program**

## 1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

## 2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

## Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

### 1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### 2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### 3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0



## Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? (*Check the box, if yes.*) ☒

**If you checked yes, how many?** 0 (FTE's)

What languages do they interpret?

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (*Check all that apply*)

Bilingual Hospital Staff Member ☐

Bilingual Member of Patient's Family ☐

Community Volunteer Interpreter ☐

Telephone Interpreter Service ☒

Refer Patient to Outside Agency ☐

Other (please describe): ☐

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish		0	0	0
		0	0	0
		0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

6. In what languages are the signs written that direct patients within your facility?

1.

2.

3.

4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (*Check the box, if yes*) ☐

If you checked yes, what is the name and location of that health care center or clinic?

## Comprehensive Inpatient Physical Rehabilitation Addendum

### Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

#### 1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0

#### 2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	0	0
Female	0	0

#### 3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	0	0
65-84	0	0
85 Up	0	0

### Part B : Referral Source

#### 1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	0
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0
--	---

### 1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	0
Third Party/Commercial	0
Self Pay	0
Other	0

### 2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

0

## Part D : Admissions by Diagnosis Code

### 1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	0
2. Brain Injury	0
3. Amputation	0
4. Spinal Cord	0
5. Fracture of the femur	0
6. Neurological disorders	0
7. Multiple Trauma	0
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	0
All Other	0

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

*I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and*

*completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.*

**Authorized Signature:** Shamb Purohit

**Date:** 2/20/2020

**Title:** CFO

**Comments:**

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
**(A Component Unit of Colquitt County, Georgia)**

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**COMBINED FINANCIAL STATEMENTS**

**for the years ended September 30, 2019 and 2018**

## C O N T E N T S

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Hospital Authority of Colquitt County  
Moultrie, Georgia

We have audited the accompanying combined financial statements of Hospital Authority of Colquitt County, a component unit of Colquitt County, Georgia, which comprise the combined balance sheets as of September 30, 2019 and 2018, the related combined statements of revenues, expenses and changes in net position, and combined cash flows for the years then ended, and the related notes to the combined financial statements.

### *Management's Responsibility for the Combined Financial Statements*

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

Continued

Let's Think Together.



An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Hospital Authority of Colquitt County as of September 30, 2019 and 2018, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matter***

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 through 7 be presented to supplement the basic combined financial statements. Such information, although not a part of the basic combined financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic combined financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic combined financial statements, and other knowledge we obtained during our audit of the basic combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

*Driffin & Tucker, LLP*

Albany, Georgia  
January 27, 2020

**Management's Discussion and Analysis  
For The Year Ended September 30, 2019**

This section of the Hospital Authority of Colquitt County's (Authority) annual financial report presents our discussion and analysis of the Authority's financial performance during the fiscal years ended September 30, 2019, 2018, and 2017. Please read it in conjunction with the Authority's combined financial statements and accompanying notes.

This annual financial report consists of two parts: Management's Discussion and Analysis (this section) and the basic combined financial statements. The Authority is a self-supporting entity and follows enterprise fund reporting; accordingly, the combined financial statements are presented using full accrual accounting.

***The Balance Sheet and Statement of Revenues, Expenses, and Changes in Net Position***

One of the most important questions asked about the Authority's finances is, "Is the Authority as a whole better or worse off as a result of the year's activities?" The combined balance sheet and the combined statement of revenues, expenses, and changes in net position report information about the Authority's resources and its activities in a way that helps answer this question. These combined statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two combined statements report the Authority's net position and its changes. You can think of the Authority's net position – the difference between assets, plus deferred outflows of resources, and liabilities – as one way to measure the Authority's financial health, or financial position. Over time, increases or decreases in the Authority's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Authority's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Authority.

Continued

**Management's Discussion and Analysis  
For The Year Ended September 30, 2019**

***The Combined Statement of Cash Flows***

The final required statement is the statement of cash flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operating, investing, and financing activities. It provides answers to such questions as "Where did cash come from?" "What was cash used for?" and "What was the change in cash balance during the reporting period?"

***Financial Analysis of the Authority***

The following table summarizes the balance sheets as of September 30, 2019, 2018, and 2017:

**Combined Balance Sheet**

	Dollars in Thousands		
	<u>2019</u>	<u>2018</u>	<u>2017</u>
Current assets	\$ 36,891	\$ 34,604	\$ 30,807
Capital assets	91,309	83,183	74,467
Other noncurrent assets	<u>55,927</u>	<u>53,297</u>	<u>52,471</u>
Total assets	184,127	171,084	157,745
Deferred outflow of resources	<u>-</u>	<u>-</u>	<u>90</u>
Total assets and deferred outflow of resources	\$ <u>184,127</u>	\$ <u>171,084</u>	\$ <u>157,835</u>
Current liabilities	\$ 25,350	\$ 22,771	\$ 22,388
Long-term debt	<u>47,039</u>	<u>42,196</u>	<u>36,731</u>
Total liabilities	<u>72,389</u>	<u>64,967</u>	<u>59,119</u>
Net position:			
Net investment in capital assets	41,105	37,497	34,292
Restricted	3,489	2,012	2,003
Unrestricted	<u>67,144</u>	<u>66,608</u>	<u>62,421</u>
Total net position	<u>111,738</u>	<u>106,117</u>	<u>98,716</u>
Total liabilities and net position	\$ <u>184,127</u>	\$ <u>171,084</u>	\$ <u>157,835</u>

Continued

**Management's Discussion and Analysis**  
**For The Year Ended September 30, 2019**

***Financial Analysis of the Authority, Continued***

Total assets increased by \$13,043,408 in year 2019. An increase of \$8,126,441 was related to capital assets (net of depreciation), mainly due to addition of the Administrative Building, infrastructure project, Web Ambulatory EMR and other capital additions. The rest of the increase of \$4,916,967 is related to increase in cash/investments and accounts receivable.

Current liabilities increased by \$2,578,282 which is mainly related to increases in accounts payable.

Long-term debt increased by \$4,843,408 compared to fiscal year 2018. The increase was related to the new loan borrowing for capital acquisitions and improvements. Debt to capitalization for the year was 29.6% compared to 29.0% in 2018.

The following table summarizes the statement of revenues, expenses and changes in net position as of September 30, 2019, 2018, and 2017:

**Combined Statements of Revenues, Expenses and Changes in Net Position**

	Dollars in Thousands		
	<u>2019</u>	<u>2018</u>	<u>2017</u>
Net patient service revenue	\$ 158,775	\$ 143,887	\$ 133,790
Other revenue	<u>3,487</u>	<u>1,893</u>	<u>1,657</u>
Total operating revenues	<u>162,262</u>	<u>145,780</u>	<u>135,447</u>
Salaries and employee benefits	76,906	71,151	64,894
Other operating expenses	73,092	63,385	60,196
Depreciation and amortization	<u>9,367</u>	<u>8,891</u>	<u>8,620</u>
Total operating expenses	<u>159,365</u>	<u>143,427</u>	<u>133,710</u>
Net operating income	<u>2,897</u>	<u>2,353</u>	<u>1,737</u>

Continued

**Management's Discussion and Analysis  
For The Year Ended September 30, 2019**

**Combined Statements of Revenues, Expenses and Changes in Net Position, Continued**

	Dollars in Thousands		
	<u>2019</u>	<u>2018</u>	<u>2017</u>
Nonoperating revenues (expenses):			
Investment income	\$ 1,678	\$ 3,119	\$ 4,794
Interest expense	( 1,321)	( 944)	( 942)
Other	<u>2,014</u>	<u>2,090</u>	<u>11</u>
Total nonoperating revenues	<u>2,371</u>	<u>4,265</u>	<u>3,863</u>
Excess of revenues before contributions	5,268	6,618	5,600
Contributions for property acquisitions	<u>353</u>	<u>783</u>	<u>531</u>
Increase in net position	5,621	7,401	6,131
Net position, beginning of year	<u>106,117</u>	<u>98,716</u>	<u>92,585</u>
Net position, end of year	<u>\$ 111,738</u>	<u>\$ 106,117</u>	<u>\$ 98,716</u>

Total operating revenue grew by \$16,482,133 compared to prior year. The main increase was in volume growth in oncology, ER and inpatient services & increase in collection efforts for services provided.

Total operating expenses increased by \$15,938,428. The major portion was related to corresponding volume growth, oncology drugs, new physicians and employee salaries.

Overall the operating income increased by \$543,705 compared to 2018.

Net operating income in 2019 was \$2,896,940, an operating margin of 1.7%. This compares to \$2,353,235 in 2018, and an operating margin of 1.61%.

In 2019, the Authority recorded a total non-operating gain of \$2,371,642 which is a decrease of \$1,893,624 compared to 2018. This is attributed to reduction in investment growth compared to prior year.

Continued

**Management's Discussion and Analysis  
For The Year Ended September 30, 2019**

**Combined Statements of Revenues, Expenses and Changes in Net Position, Continued**

At the end of 2019, the Authority had approximately \$91,309,754 invested in capital assets, net of accumulated depreciation. In 2019, the Authority's capital spending was over \$11,709,971 (which included Meditech Ambulatory Project, Administrative Building, new equipment, Tower infrastructure and other renovations).

As of September 30, 2019, the Authority had \$45,059,778 in revenue certificates and \$4,802,040 in other long term debt and \$1,342,723 in capital lease, which is a total debt increase of \$5,517,305 compared to 2018.

***Master Plan and Construction***

In 2019, the Authority got the CON for the new Radiation oncology center; the expected completion date is 2021. In 2019, the Authority also added the Inpatient Dialysis services.

In 2020, the Authority plans to expand to add the Geriatric Psych unit services and is also looking into expanding other Medicare patient services in all modalities. In 2018, the Authority invested in the infrastructure to the new building and the ambulatory information system for the clinic, both these projects are set to be completed in 2020.

***Contacting the Authority's Financial Management***

This financial report is designed to provide a general overview of the Authority's finances. If you have questions about this report or need additional financial information, contact the Authority finance department at Hospital Authority of Colquitt County, 3131 South Main Street, P. O. Box 40, Moultrie, GA 31776-0040.



**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**COMBINED BALANCE SHEETS**  
September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<b>ASSETS</b>		
<b>Current assets:</b>		
Cash and cash equivalents	\$ 12,210,424	\$ 11,434,294
Short-term investments	675,249	964,526
Patient accounts receivable, net of estimated uncollectibles of \$51,910,819 in 2019 and \$47,420,031 in 2018	16,908,653	15,771,848
Supplies	4,411,137	4,322,399
Notes receivable, current portion	278,446	310,074
Other current assets	<u>2,407,707</u>	<u>1,801,106</u>
<b>Total current assets</b>	<u>36,891,616</u>	<u>34,604,247</u>
<b>Noncurrent cash and investments:</b>		
Internally designated for:		
Capital acquisition	47,764,143	47,282,548
Employee benefits	635,000	635,000
Malpractice funding arrangement	1,599,545	1,298,006
Restricted by:		
2016 Revenue Certificate – debt service reserve fund	2,488,847	2,012,415
2019 MRI loan collateral	<u>1,000,000</u>	<u>-</u>
<b>Total noncurrent cash and investments</b>	<u>53,487,535</u>	<u>51,227,969</u>
<b>Capital assets:</b>		
Nondepreciable capital assets	10,340,554	5,518,195
Depreciable capital assets, net of accumulated depreciation	<u>80,969,200</u>	<u>77,665,118</u>
<b>Total capital assets, net of accumulated depreciation</b>	<u>91,309,754</u>	<u>83,183,313</u>
<b>Other assets:</b>		
Notes receivable, excluding current portion	590,498	468,451
Other assets	<u>1,848,009</u>	<u>1,600,024</u>
<b>Total other assets</b>	<u>2,438,507</u>	<u>2,068,475</u>
<b>Total assets</b>	<u>\$ 184,127,412</u>	<u>\$ 171,084,004</u>

	<u>2019</u>	<u>2018</u>
<b>LIABILITIES AND NET POSITION</b>		
Current liabilities:		
Current installments of long-term debt	\$ 4,165,267	\$ 3,491,370
Accounts payable	6,900,179	5,413,894
Accrued expenses	13,247,963	12,620,514
Estimated third-party payor settlements	<u>1,036,243</u>	<u>1,245,592</u>
Total current liabilities	25,349,652	22,771,370
Long-term debt, excluding current installments	<u>47,039,274</u>	<u>42,195,866</u>
Total liabilities	<u>72,388,926</u>	<u>64,967,236</u>
Net position:		
Net investment in capital assets	41,105,215	37,496,771
Restricted	3,488,847	2,012,415
Unrestricted	<u>67,144,424</u>	<u>66,607,582</u>
Total net position	<u>111,738,486</u>	<u>106,116,768</u>
 Total liabilities and net position	 <u>\$ 184,127,412</u>	 <u>\$ 171,084,004</u>

The accompanying notes are an integral part of these combined financial statements.



**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**COMBINED STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
for the years ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Operating revenues:		
Net patient service revenue (net of provision for bad debts of approximately \$31,054,000 in 2019 and \$30,486,000 in 2018)	\$ 158,775,212	\$ 143,675,431
Other revenue	<u>3,486,725</u>	<u>2,104,373</u>
Total operating revenues	<u>162,261,937</u>	<u>145,779,804</u>
Operating expenses:		
Salaries and wages	62,950,883	59,314,843
Employee health and welfare	13,955,550	11,836,488
Medical supplies and other expense	50,874,405	43,863,836
Professional fees	16,501,779	13,802,114
Purchased services	5,715,174	5,717,813
Depreciation and amortization	<u>9,367,206</u>	<u>8,891,475</u>
Total operating expenses	<u>159,364,997</u>	<u>143,426,569</u>
Operating income	<u>2,896,940</u>	<u>2,353,235</u>
Nonoperating revenues (expenses):		
Investment income	1,677,954	3,119,358
Interest expense	( 1,320,530)	( 944,378)
Rural hospital tax credit and other	<u>2,014,218</u>	<u>2,090,286</u>
Total nonoperating revenues	<u>2,371,642</u>	<u>4,265,266</u>
Excess revenues	5,268,582	6,618,501
Contributions for property acquisitions	<u>353,136</u>	<u>782,624</u>
Increase in net position	5,621,718	7,401,125
Net position, beginning of year	<u>106,116,768</u>	<u>98,715,643</u>
Net position, end of year	\$ <u>111,738,486</u>	\$ <u>106,116,768</u>

The accompanying notes are an integral part of these combined financial statements.

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**COMBINED STATEMENTS OF CASH FLOWS**  
for the years ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities:		
Received from patients and payors	\$ 160,915,783	\$ 144,195,200
Payments to vendors and other suppliers	( 72,912,327)	( 65,388,302)
Payments to employees and physicians	( 76,005,473)	( 68,770,206)
Net cash provided by operating activities	<u>11,997,983</u>	<u>10,036,692</u>
Cash flows from noncapital financing activities:		
Rural hospital tax credit	<u>2,105,215</u>	<u>2,193,202</u>
Cash flows from capital and related financing activities:		
Proceeds from issuance of long-term debt	11,289,516	2,068,807
Principal paid on long-term debt and capital leases	( 5,772,209)	( 3,645,580)
Interest paid on long-term debt and capital leases	( 1,320,530)	( 944,378)
Purchase of capital assets	( 17,584,644)	( 10,531,770)
Capital contributions	<u>353,136</u>	<u>782,624</u>
Net cash used by capital and related financing activities	<u>( 13,034,731)</u>	<u>( 12,270,297)</u>
Cash flows from investing activities:		
Interest and dividends	1,312,606	2,954,297
Purchase of investments	( 8,837,056)	( 19,473,207)
Sale of investments	<u>9,065,090</u>	<u>18,998,210</u>
Net cash provided by investing activities	<u>1,540,640</u>	<u>2,479,300</u>
Net increase in cash and cash equivalents	2,609,107	2,438,897
Cash and cash equivalents, beginning of year	<u>14,182,984</u>	<u>11,744,087</u>
Cash and cash equivalents, end of year	\$ <u>16,792,091</u>	\$ <u>14,182,984</u>

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**COMBINED STATEMENTS OF CASH FLOWS, Continued**  
for the years ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Reconciliation of cash and cash equivalents to the balance sheets:		
Cash and cash equivalents in current assets	\$ 12,210,424	\$ 11,434,294
Cash and cash equivalents in noncurrent cash and investments:		
Internally designated for capital acquisition	2,850,838	2,676,752
Restricted by debt	<u>1,730,829</u>	<u>71,938</u>
Total cash and cash equivalents	\$ <u>16,792,091</u>	\$ <u>14,182,984</u>
Reconciliation of operating income to net cash flows from operating activities:		
Operating income	\$ 2,896,940	\$ 2,353,235
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	9,367,206	8,891,475
Provision for bad debt	31,054,040	30,485,732
Changes in:		
Patient accounts receivable	(32,190,845)	(31,850,928)
Estimated third-party payor settlements	( 209,349)	( 219,408)
Supplies	( 88,738)	( 230,652)
Other assets	( 854,586)	9,340
Physician guarantees	( 90,419)	42,548
Accounts payable	1,486,285	( 1,434,800)
Other accrued expenses	<u>627,449</u>	<u>1,990,150</u>
Net cash provided by operating activities	\$ <u>11,997,983</u>	\$ <u>10,036,692</u>
Noncash investing activities (nearest thousand):		
Change in fair value of investments	\$ <u>365,000</u>	\$ <u>165,000</u>
Noncash capital and related financing activities (nearest thousand):		
Capital assets acquired through notes payable	\$ <u>-</u>	\$ <u>5,065,000</u>
Capital assets related to capital leases	\$ <u>-</u>	\$ <u>2,204,000</u>

The accompanying notes are an integral part of these combined financial statements.

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
**(A Component Unit of Colquitt County, Georgia)**

**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**September 30, 2019 and 2018**

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1. Description of Reporting Entity and Summary of Significant Accounting Policies

Reporting Entity

The Hospital Authority of Colquitt County (Authority), doing business as Colquitt Regional Medical Center (Medical Center), is a public corporation that operates an acute care hospital. Additionally, the Authority operates Colquitt Regional Health, Inc., which provides home health care, hospice care, and non-emergency transportation services and is a blended component unit of the Authority. The Authority is the sole member of Colquitt Regional Medical, Inc. (CRM, Inc.). CRM, Inc. was created to acquire and administer funds and property for physician practices in the Moultrie, Georgia area. Upon dissolution of CRM, Inc., all assets will revert to the Authority. The Authority elects the Board members for CRM, Inc. CRM, Inc. is a blended component unit of the Authority. The combined financial statements include the Medical Center, CRM, Inc., and Colquitt Regional Health, Inc. All intercompany transactions have been eliminated in the combined financial statements.

Authority board members are nominated by the Colquitt County Commission and appointed by the Authority. Also, the County Commissioners have guaranteed debt of the Authority. For these reasons, the Authority is considered to be a component unit of Colquitt County.

Use of Estimates

The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Enterprise Fund Accounting

The Authority uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

The Authority prepares its combined financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB).

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Recently Adopted Accounting Pronouncement

In March 2018, the GASB issued Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements* (GASB 88). GASB 88 clarifies which liabilities should be included when disclosing information related to debt, requires additional essential information related to debt be disclosed, and requires that existing and additional information be provided for direct borrowings and direct placements of debt separately from other debt. GASB 88 is effective for fiscal years beginning after June 15, 2018. The Authority has adopted the provisions for all periods presented.

Accounting Pronouncements Not Yet Adopted

In January 2017, the GASB issued Statement No. 84, *Fiduciary Activities* (GASB 84). GASB 84 establishes criteria for identifying fiduciary activities of all state and local governments. An activity meeting the criteria should be reported in a fiduciary fund in the financial statements. Governments with activities meeting the criteria should present a statement of fiduciary net position and a statement of changes in fiduciary net position. GASB 84 is effective for fiscal years beginning after December 15, 2018. The Authority is currently evaluating the impact GASB 84 will have on its financial statements.

In June 2017, the GASB issued Statement No. 87, *Leases* (GASB 87). GASB 87 establishes standards of accounting and financial reporting by lessees and lessors. GASB 87 will require a lessee to recognize a lease liability and an intangible right-to-use lease asset at the commencement of the lease term, with certain exceptions, and will require a lessor to recognize a lease receivable and a deferred inflow of resources at the commencement of the lease term, with certain exceptions. GASB 87 is effective for fiscal years beginning after December 15, 2019 and will be effective for the Authority's fiscal year beginning October 1, 2020. The Authority is currently evaluating the impact GASB 87 will have on its financial statements.

In June 2018, the GASB issued Statement No. 89, *Accounting for Interest Cost Incurred Before the End of a Construction Period* (GASB 89). GASB 89 requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost is incurred. GASB 89 is effective for fiscal years beginning after December 15, 2019 and will be effective for the Authority's fiscal year beginning October 1, 2020. The Authority is currently evaluating the impact GASB 89 will have on its financial statements.

In August 2018, the GASB issued Statement No. 90, *Majority Equity Interest – An Amendment of GASB Statements No. 14 and No. 61* (GASB 90). GASB 90 defines majority equity interest and specifies that a majority equity interest in a legally separate entity should be reported as an

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Accounting Pronouncements Not Yet Adopted, Continued

investment and measured using the equity method, if the government's holding of the equity interest meets the definition of an investment. All other holdings of a majority equity interest in a legally separate entity should be reported as a component unit. GASB 90 is effective for fiscal years beginning after December 15, 2018. The Authority is currently evaluating the impact GASB 90 will have on its financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid instruments with an original maturity of three months or less.

Allowance for Doubtful Accounts

The Authority provides an allowance for doubtful accounts based on the evaluation of the overall collectability of the accounts receivable. As accounts are known to be uncollectible, the account is charged against the allowance.

Supplies

Supplies are valued at the average purchase cost using the first-in, first-out method.

Noncurrent Cash and Investments

Noncurrent cash and investments include assets designated by the Board of Directors for future capital acquisition, various employee benefits, and a malpractice funding arrangement. The Board retains control over these designated funds and may, at its discretion, subsequently use them for other purposes. Noncurrent cash and investments also include assets restricted by the 2016 Revenue Certificate issuance and assets set aside as collateral for the 2019 MRI loan. Amounts required to meet current liabilities of the Authority have been reclassified in the balance sheet at September 30, 2019 and 2018.

Investments in Debt and Equity Securities

Investments in debt and equity securities are carried at fair value except for investments in debt securities with maturities of less than one year at the time of purchase. These investments are reported at amortized cost, which approximates fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenue when earned.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Capital Assets

The Authority's capital assets are reported at historical cost. Contributed capital assets are reported at their acquisition value at the time of their donation. All purchases exceeding \$5,000, with an estimated useful life greater than one year, are capitalized by the Authority. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using these asset lives:

Land improvements	15 to 25 years
Buildings and building improvements	20 to 40 years
Equipment, computers and furniture	3 to 10 years

Costs of Borrowing

Costs related to the issuance of long-term debt are expensed in the period in which the debt was incurred. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Compensated Absences

The Authority's employees earn vacation days at varying rates depending on years of service. Employees also earn sick leave benefits based on varying rates depending on full-time or part-time status. Employees may accumulate vacation days and sick leave up to a specified maximum. Employees are not paid for accumulated sick leave if they leave before retirement.

Net Position

Net position of the Authority is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* are noncapital assets reduced by liabilities and deferred inflows of resources related to those assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Authority, including amounts deposited with trustees as required by revenue certificate agreements, as discussed in Note 9. *Unrestricted net position* is the remaining amount of net position that does not meet the definition of *net investment in capital assets* or *restricted net position*.

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

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1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Authority provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Operating Revenues and Expenses

The Authority's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Authority's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Grants and Contributions

From time to time, the Authority receives grants from the State of Georgia as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

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1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Restricted Resources

When the Authority has both restricted and unrestricted resources available to finance a particular program, it is the Authority's policy to use restricted resources before unrestricted resources.

Income Taxes

The Medical Center is a governmental entity and is exempt from income taxes. Accordingly, no provision for income taxes has been considered in the accompanying combined financial statements.

Colquitt Regional Health, Inc. is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

CRM, Inc. is a federally taxable entity organized as a not-for-profit corporation under state law.

The Authority applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Authority only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheet for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of September 30, 2019 and 2018 or for the years then ended. Colquitt Regional Health, Inc. and CRM, Inc.'s tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Risk Management

The Authority is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. The Authority is partially self-insured for medical malpractice claims and judgments, as well as employee health and worker's compensation claims, as discussed in Note 12.

Impairment of Long-Lived Assets

The Authority evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Authority has not recorded any impairment charges in the accompanying statements of revenues, expenses and changes in net position for the years ended September 30, 2019 and 2018.

Fair Value Measurements

GASB Statement No. 72 – *Fair Value Measurement and Application* defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is an exit price at the measurement date from the perspective of a market participant that controls the asset or is obligated for the liability. GASB No. 72 also establishes a hierarchy of inputs to valuation techniques used to measure fair value. If a price for an identical asset or liability is not observable, a government should measure fair value using another valuation technique that maximizes the use of relevant observable inputs and minimizes the use of unobservable inputs. GASB No. 72 describes the following three levels of inputs that may be used:

- *Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

1. Description of Reporting Entity and Summary of Significant Accounting Policies, Continued

Fair Value Measurements, Continued

- *Level 2:* Observable inputs such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- *Level 3:* Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2018 financial statements to conform to the fiscal year 2019 presentation. These reclassifications had no impact on the change in net position in the accompanying combined financial statements.

2. Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments at amounts different from its established rates. The Authority does not believe that there are any significant credit risks associated with receivables due from third-party payors.

Revenue from the Medicare and Medicaid programs accounted for approximately 46% and 10%, respectively, of the Authority's net patient service revenue for the year ended 2019 and 46% and 11%, respectively, of the Authority's net patient service revenue for the year ended 2018. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Authority believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state and federal levels including the initiation of the Recovery Audit Contractor (RAC) program and the Medicaid Integrity Contractor (MIC) program. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

2. Net Patient Service Revenue, Continued

- Medicaid, Continued

The state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient service revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an increase in hospital payments for Medicaid services of approximately 11.88%. Approximately \$1,312,000 and \$1,217,000 relating to the Act is included in medical supplies and other expense in the accompanying statements of revenues, expenses and changes in net position for the years ended September 30, 2019 and 2018, respectively.

The Authority participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Authority receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Authority's estimated uncompensated cost of services to Medicaid and uninsured patients. The 2019 and 2018 combined financial statements include payment adjustments of approximately \$2,432,000 and \$2,327,000, respectively, which are reflected in net patient service revenue.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The Authority has accrued or received enhanced payments of approximately \$864,000 and \$1,168,000 for 2019 and 2018, respectively, which is reflected in net patient service revenue.

- Other Agreements

The Authority has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

**5. Deposits and Investments, Continued**

The composition of noncurrent cash and investments at September 30, 2019 and 2018, is set forth in the following table:

	<u>2019</u>	<u>2018</u>
<b>Internally designated for capital acquisition:</b>		
Cash and cash equivalents	\$ 2,850,838	\$ 2,676,752
U.S. Treasury obligations	1,628,521	1,227,570
U.S. Government Agency securities	1,358,283	1,115,185
Other fixed income	2,640,741	2,658,157
Equity securities	34,490,393	34,892,845
Mutual fund – commodities	397,314	406,120
Public hedge funds	<u>4,398,053</u>	<u>4,305,919</u>
	<u>\$ 47,764,143</u>	<u>\$ 47,282,548</u>
<b>Internally designated for employee benefits:</b>		
Cash and cash equivalents	\$ 2,337,717	\$ 4,299,160
Certificates of deposit	<u>635,000</u>	<u>635,000</u>
	<u>2,972,717</u>	<u>4,934,160</u>
Less current portion	<u>2,337,717</u>	<u>4,299,160</u>
	<u>\$ 635,000</u>	<u>\$ 635,000</u>
<b>Internally designated for malpractice funding arrangement:</b>		
Cash and cash equivalents	\$ 104,436	\$ 60,474
Other fixed income	330,385	299,186
Equity securities	1,658,553	1,684,700
Mutual fund – commodities	23,084	22,999
Public hedge funds	<u>262,772</u>	<u>255,647</u>
	<u>2,379,230</u>	<u>2,323,006</u>
Less current portion	<u>779,685</u>	<u>1,025,000</u>
	<u>\$ 1,599,545</u>	<u>\$ 1,298,006</u>

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

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2. Net Patient Service Revenue, Continued

A summary of the payment arrangements with major third-party payors follows:

- Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The Authority is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor (MAC). The Medical Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority. The Authority's Medicare cost reports have been audited by the MAC through September 30, 2014.

- Medicaid

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Certain outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology.

The Authority is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicaid fiscal intermediary. The Authority's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through September 30, 2016.

The Authority also contracts with certain managed care organizations to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these managed care organizations consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

3. Uncompensated Services

The Authority was compensated for services at amounts less than its established rates. Charges for uncompensated services for 2019 and 2018 were approximately \$338,124,000 and \$310,616,000, respectively.

Uncompensated services include charity and indigent care services of approximately \$9,509,000 and \$6,968,000 in 2019 and 2018, respectively. The cost of charity and indigent care services provided during 2019 and 2018 was approximately \$3,050,000 and \$2,200,000, respectively computed by applying a total cost factor to the charges foregone.

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Gross patient charges	\$ <u>496,899,248</u>	\$ <u>454,291,339</u>
Uncompensated services:		
Charity and indigent care	9,509,006	6,968,322
Medicare	135,897,830	123,663,903
Medicaid	41,616,561	38,729,372
Other allowances	120,046,599	110,768,589
Provision for bad debts	<u>31,054,040</u>	<u>30,485,732</u>
Total uncompensated care	<u>338,124,036</u>	<u>310,615,918</u>
Net patient service revenue	\$ <u>158,775,212</u>	\$ <u>143,675,421</u>

4. Designated Net Position

Of the approximately \$67,144,000 and \$66,608,000 of unrestricted net position reported in 2019 and 2018, \$53,116,000 and \$54,540,000, respectively, have been designated by the Authority for capital improvements, various employee benefit plans, and malpractice. Designated funds remain under the control of the Board of Directors, which may at its discretion later use the funds for other purposes.

5. Deposits and Investments

Noncurrent cash and investments are reported in current assets if they are required for obligations classified as current liabilities. As discussed in Note 1, the Authority's investments are generally carried at fair value.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

5. Deposits and Investments, Continued

	<u>2019</u>	<u>2018</u>
Restricted by 2016 Revenue Certificate – debt service fund:		
Cash and cash equivalents	\$ 730,829	\$ 71,938
U.S. Treasury obligations	-	530,416
U.S. Government Agency securities	-	711,901
Other fixed income	<u>1,758,018</u>	<u>698,160</u>
	<u>\$ 2,488,847</u>	<u>\$ 2,012,415</u>
Restricted by 2019 MRI loan – collateral:		
Cash and cash equivalents	<u>\$ 1,000,000</u>	<u>\$ -</u>
 Total designated cash and investments	 \$ 56,604,937	 \$ 56,552,129
Less cash reported in cash and cash equivalents	( 2,442,153)	( 4,359,634)
Less short-term investments	<u>( 675,249)</u>	<u>( 964,526)</u>
 Noncurrent cash and investments reported as long-term	 <u>\$ 53,487,535</u>	 <u>\$ 51,227,969</u>
Carrying amount:		
Deposits	\$ 13,740,988	\$ 12,558,391
Investments	<u>52,632,220</u>	<u>51,068,398</u>
 Total cash and investments	 <u>\$ 66,373,208</u>	 <u>\$ 63,626,789</u>
Included in the following balance sheet options:		
Cash and cash equivalents	\$ 12,210,424	\$ 11,434,294
Short-term investments	675,249	964,526
Noncurrent cash and investments	<u>53,487,535</u>	<u>51,227,969</u>
 Total cash and investments	 <u>\$ 66,373,208</u>	 <u>\$ 63,626,789</u>

*Custodial credit risk – deposits.* Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned to them. As of September 30, 2019, the Authority has no deposits exposed to custodial credit risk.

Continued



**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

5. Deposits and Investments, Continued

*Custodial credit risk – investments.* For an investment, this is the risk that, in the event of the failure of the counterparty, the Authority will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. As of September 30, 2019 and 2018, the Authority has no investments exposed to custodial credit risk.

*Concentration of credit risk.* As of September 30, 2019 and 2018, the Authority has no investment in any one issuer that is in excess of 5% of the Authority's total investments.

As of September 30, 2019 and 2018, the Authority had the following debt securities:

**September 30, 2019**

<u>Investment Type</u>	<u>Fair Value</u>	<u>Maturity</u>
U.S. Treasury obligations	\$ 1,628,521	January 15, 2021 – November 15, 2028 rating quality AA+
U.S. Government Agency securities	1,358,283	July 1, 2028 – July 1, 2049 rating quality AA+ to AAA
Other fixed income	<u>4,729,144</u>	Average maturity of 10.3 years, rating quality BBB- to AAA
Total	<u>\$ 7,715,948</u>	

**September 30, 2018**

<u>Investment Type</u>	<u>Fair Value</u>	<u>Maturity</u>
U.S. Treasury obligations	\$ 1,757,986	April 30, 2018 – February 15, 2026 rating quality AA+
U.S. Government Agency securities	1,827,086	May 1, 2028 – April 1, 2042 rating quality AA+ to AAA
Other fixed income	<u>3,655,503</u>	Average maturity of 8.4 years, rating quality BBB to AAA
Total	<u>\$ 7,240,575</u>	

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

6. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Authority at September 30, 2019 and 2018 consisted of these amounts:

	<u>2019</u>	<u>2018</u>
Patient accounts receivable:		
Receivable from patients and their insurance carriers	\$ 43,274,127	\$ 34,978,254
Receivable from Medicare	21,440,265	20,813,129
Receivable from Medicaid	<u>4,105,080</u>	<u>7,400,496</u>
Total patient accounts receivable	68,819,472	63,191,879
Less allowance for uncollectible amounts and contractual adjustments	<u>51,910,819</u>	<u>47,420,031</u>
Patient accounts receivable, net	\$ <u>16,908,653</u>	\$ <u>15,771,848</u>
Accounts payable and accrued expenses:		
Payable to employees (including payroll taxes)	\$ 13,247,963	\$ 12,620,514
Payable to suppliers	<u>6,900,179</u>	<u>5,413,894</u>
Total accounts payable and accrued expenses	\$ <u>20,148,142</u>	\$ <u>18,034,408</u>

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

**7. Capital Assets**

A summary of capital assets at September 30, 2019 and 2018 follows:

	Balance September 30, <u>2018</u>	<u>Increase</u>	<u>Decrease</u>	Balance September 30, <u>2019</u>
Capital assets not being depreciated:				
Land	\$ 1,110,292	\$ 322,236	\$ -	\$ 1,432,528
Projects-in-progress	<u>4,407,903</u>	<u>4,500,123</u>	<u>-</u>	<u>8,908,026</u>
Total capital assets not being depreciated	<u>5,518,195</u>	<u>4,822,359</u>	<u>-</u>	<u>10,340,554</u>
Capital assets being depreciated:				
Land improvements	3,394,143	81,013	-	3,475,156
Buildings	87,140,932	3,974,852	-	91,115,784
Equipment	<u>92,126,304</u>	<u>8,700,309</u>	<u>1,046,203</u>	<u>99,780,410</u>
Total capital assets being depreciated	<u>182,661,379</u>	<u>12,756,174</u>	<u>1,046,203</u>	<u>194,371,350</u>
Less accumulated depreciation:				
Land improvements	2,040,974	251,756	-	2,292,730
Buildings	35,677,445	3,286,261	-	38,963,706
Equipment	<u>67,277,842</u>	<u>5,829,105</u>	<u>961,233</u>	<u>72,145,714</u>
Total depreciation	<u>104,996,261</u>	<u>9,367,122</u>	<u>961,233</u>	<u>113,402,150</u>
Net capital assets	\$ <u>83,183,313</u>	\$ <u>8,211,411</u>	\$ <u>84,970</u>	\$ <u>91,309,754</u>

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

**7. Capital Assets, Continued**

	Balance September 30, <u>2017</u>	<u>Increase</u>	<u>Decrease</u>	Balance September 30, <u>2018</u>
Capital assets not being depreciated:				
Land	\$ 1,157,684	\$ -	\$ 47,392	\$ 1,110,292
Projects-in-progress	<u>2,557,609</u>	<u>1,850,294</u>	<u>-</u>	<u>4,407,903</u>
Total capital assets not being depreciated	<u>3,715,293</u>	<u>1,850,294</u>	<u>47,392</u>	<u>5,518,195</u>
Capital assets being depreciated:				
Land improvements	3,348,696	45,447	-	3,394,143
Buildings	78,018,722	9,122,210	-	87,140,932
Equipment	<u>86,491,812</u>	<u>6,912,125</u>	<u>1,277,633</u>	<u>92,126,304</u>
Total capital assets being depreciated	<u>167,859,230</u>	<u>16,079,782</u>	<u>1,277,633</u>	<u>182,661,379</u>
Less accumulated depreciation:				
Land improvements	1,791,408	249,566	-	2,040,974
Buildings	32,700,238	2,977,207	-	35,677,445
Equipment	<u>62,615,684</u>	<u>5,564,127</u>	<u>901,969</u>	<u>67,277,842</u>
Total depreciation	<u>97,107,330</u>	<u>8,790,900</u>	<u>901,969</u>	<u>104,996,261</u>
Net capital assets	\$ <u>74,467,193</u>	\$ <u>9,139,176</u>	\$ <u>423,056</u>	\$ <u>83,183,313</u>

There was equipment under capital lease obligations of approximately \$1,826,000 at September 30, 2019 and 2018. Accumulated amortization related to the equipment under capital lease obligations was approximately \$327,000 and \$66,000 at September 30, 2019 and 2018, respectively.

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

**8. Notes Receivable**

Notes receivable consist primarily of loans secured by promissory notes to physicians under recruiting arrangements. In general, the loans are being forgiven over a period of time in which the physician practices medicine locally. If the physician discontinues medical practice locally, the outstanding principal and accrued interest becomes due immediately. The amounts forgiven and charged to expense during 2019 and 2018 were approximately \$364,000 and \$348,000, respectively.

Notes receivable also consist of educational loans to physicians. In general, the educational loans are forgiven over a period of time in which the employee works for the Authority.

**9. Long-Term Debt**

A schedule of changes in the Authority's noncurrent liabilities for 2019 and 2018 follows:

	<u>2018</u> <u>Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>2019</u> <u>Balance</u>	<u>Amounts</u> <u>Due Within</u> <u>One Year</u>
Direct placement:					
Revenue					
Certificates					
2016	\$ 36,723,770	\$ -	\$ 3,282,315	\$ 33,441,455	\$ 3,072,346
Revenue					
Certificates					
2018	2,068,807	9,549,516	-	11,618,323	261,438
Direct borrowings:					
Notes payable	5,064,998	1,740,000	2,002,958	4,802,040	328,857
Capital leases	<u>1,829,661</u>	<u>-</u>	<u>486,938</u>	<u>1,342,723</u>	<u>502,626</u>
Total noncurrent liabilities	\$ <u>45,687,236</u>	\$ <u>11,289,516</u>	\$ <u>5,772,211</u>	\$ <u>51,204,541</u>	\$ <u>4,165,267</u>

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

9. Long-Term Debt, Continued

	<u>2017</u> <u>Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>2018</u> <u>Balance</u>	<u>Amounts</u> <u>Due Within</u> <u>One Year</u>
Direct placement:					
Revenue					
Certificates					
2016	\$ 39,942,419	\$ -	\$ 3,218,649	\$ 36,723,770	\$ 3,005,958
Revenue					
Certificates					
2018	-	2,068,807	-	2,068,807	-
Direct borrowings:					
Notes payable	-	5,064,998	-	5,064,998	-
Capital leases	<u>232,849</u>	<u>2,023,743</u>	<u>426,931</u>	<u>1,829,661</u>	<u>485,412</u>
Total noncurrent liabilities	\$ <u>40,175,268</u>	\$ <u>9,157,548</u>	\$ <u>3,645,580</u>	\$ <u>45,687,236</u>	\$ <u>3,491,370</u>

The terms and due dates of the Authority's long-term debt at September 30, 2019 and 2018 follow:

- 2016 Revenue Certificates, consisting of Series 2016A and Series 2016B, each collateralized by a pledge of the Authority's gross receipts. Series 2016A bears interest of 2.32%, principal maturing in monthly installments of \$153,106, final payment due September 5, 2031. Series 2016B bears a fixed interest rate of 2.09%, payable in monthly installments of \$185,570, final payment due September 5, 2021. The 2016 Revenue Certificates contain a provision that in an event of default, the timing of repayment of outstanding amounts may become immediately due if the Authority does not make payments according to the repayment terms or is rendered incapable of fulfilling its obligations. The Authority issued the 2016 Revenue Certificates to redeem the 2012-B Revenue Certificates, the 2013 Revenue Certificates, the 2014 Revenue Certificates, all active notes payable and to acquire the Sterling Center building. As a result of the early redemption, the Authority decreased its total debt service payments by approximately \$3.2 million which results in an economic savings (the difference between the present value of the debt service payments on the old and new debt) of approximately \$2.7 million which is 7% of the principal amount refunded.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

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9. Long-Term Debt, Continued

- Series 2018 Revenue Certificate, collateralized by a pledge of the Authority's gross receipts. Series 2018 was issued as an amendment to the 2016 Revenue Certificates. Series 2018 bears interest of 3.85% with interest only payments through the period of construction, and then 3.85% until April 5, 2028, thereafter the Wall Street Journal Prime Rate, with principal maturing in monthly installments amortized over the remaining term, with final payment due April 2033. The Series 2018 Revenue Certificates contain a provision that in an event of default, the timing of repayment of outstanding amounts may become immediately due if the Authority does not make payments according to the repayment terms or is rendered incapable of fulfilling its obligations. The Authority issued Series 2018 to repair, replace, remodel, and expand certain components of the Medical Center. Proceeds from Series 2018 can be drawn as construction progresses up to an amount of \$20,000,000. To date, the Authority has drawn approximately \$11.6 million. The Authority has outstanding construction commitments of approximately \$4.2 million at September 30, 2019 related to this project.
- Notes payable, secured by physician practice buildings, with interest payments due monthly at a rate of 3.75%, with balloon payment due in 2021. The Authority's outstanding notes payable of \$3.2 million in borrowings contain a provision that in an event of default, the timing of repayment of outstanding amounts may become immediately due if the Authority does not make payments as they become due and remain unpaid for a period of 15 days thereafter.
- Notes payable, collateralized by \$1 million in a deposit account and equipment, with monthly payments of \$31,775 including interest at a rate of 3.6%. The Authority's outstanding notes payable of \$1.6 million in borrowings contain a provision that the timing of repayment of outstanding amounts may become immediately due upon the creation of, or contract for the creation of, any lien, encumbrance, transfer, or sale of the property defined by the loan.

The 2016 and 2018 Revenue Certificates place limits on the incurrence of additional borrowings and the 2016 Revenue Certificates require that the Authority maintain a reserve fund sufficient to service a half year's total debt service payments on the Revenue Certificates. Management believes the Authority was in compliance with these requirements.

Colquitt County has agreed to guarantee payment of the 2016 and 2018 Revenue Certificates in the event that the revenues of the Authority are not sufficient to make scheduled debt payments. To date, no payments by Colquitt County under the guarantee have been required.

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
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**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

9. Long-Term Debt, Continued

Capital Lease Obligation

In 2018, the Authority entered into a capital lease agreement under which the Authority leases surgical equipment. The monthly lease payments of \$45,234 end in May 2022.

Scheduled principal and interest repayments on long-term debt are as follows:

<u>Year Ending</u> <u>September 30</u>	<u>Direct Placements/Borrowings</u>		<u>Capital Lease Obligations</u>	
	<u>Principal</u>	<u>Interest</u>	<u>Principal</u>	<u>Interest</u>
2020	\$ 3,662,641	\$ 1,338,618	\$ 502,626	\$ 40,182
2021	8,527,171	1,201,333	520,451	22,357
2022	5,420,168	943,036	319,646	42,226
2023	5,510,374	792,437	-	-
2024	5,440,593	640,654	-	-
2025-2029	17,713,669	3,560,728	-	-
2030-2031	<u>3,587,202</u>	<u>1,924,599</u>	<u>-</u>	<u>-</u>
Total	\$ <u>49,861,818</u>	\$ <u>10,401,405</u>	\$ <u>1,342,723</u>	\$ <u>104,765</u>

10. Defined Contribution Retirement Plan

The Authority has a defined contribution retirement plan pursuant to Section 403(b) of the Internal Revenue Code covering substantially all Hospital employees. Additionally, the Authority sponsors defined contribution plans pursuant to Sections 401(a) and 457(f) of the Internal Revenue Code, which are for employer contributions only. Retirement expense was approximately \$3,323,000 and \$3,171,000 in 2019 and 2018, respectively. As of September 30, 2019 and 2018, the Authority accrued approximately \$3,000,000 and \$2,800,000, respectively, for employer portion payable that is included in accrued expenses on the balance sheet. Effective January 1, 2016, the Authority amended its defined contribution retirement plan pursuant to Section 403(b). Employees hired before January 1, 2016 are subject to the rules of the retirement plan before that date and employees hired after December 31, 2015 are subject to the new provisions of the retirement plan.

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

10. Defined Contribution Retirement Plan, Continued

The terms of the 403(b) retirement plan are as follows:

Eligibility

In order to receive an employer contribution into the retirement plan, an eligible employee is defined as any employee employed as either ***Regular Full-Time with Benefits*** or ***Regular Part-Time with Benefits***.

Eligibility provisions vary by contribution type and/or group as outlined below:

***Any Eligible Employee Hired Before January 1, 2016***

- Employer Annual Discretionary

An eligible employee is eligible to participate in the plan for purposes of this contribution(s):

- Upon attaining age twenty-one (21)
- Upon completing three (3) years of service

***Any Eligible Employee Hired After December 31, 2015***

- Employer Matching

An eligible employee is eligible to participate in the plan for purposes of this contribution(s):

- Upon attaining age twenty-one (21)
- Upon completing three (3) months of service
- Automatic enrollment will occur following three (3) months of employment
- May waive automatic enrollment by affirmative election.

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
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**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

10. Defined Contribution Retirement Plan, Continued

Employer Contributions

***For Employees Hired Before January 1, 2016***

The Authority provides an employer discretionary nonelective contribution of 10% of the eligible employee's base pay for each eligible plan year. An eligible employee must:

- have completed at least three (3) years of service and have reached age twenty-one (21)
- have earned eligible compensation to an eligible class during the plan year
- be employed as an eligible employee on the last day of the plan year (December 31st).

***For Employees Hired After December 31, 2015***

Colquitt Regional Medical Center provides an employer matching contribution for each eligible employee beginning with the first payroll following ninety (90) days of employment.

The employee match is 100% of the first 5% of salary reduction contribution.

Vesting

The annual employer discretionary nonelective contributions for eligible employees hired before January 1, 2016, are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vesting Percent</u>
1	0%
2	0%
3	30%
4	40%
5	50%
6	60%
7	70%
8	80%
9	90%
10	100%

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
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NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

10. Defined Contribution Retirement Plan, Continued

Vesting, Continued

The matching employer contributions for eligible employees hired after December 31, 2015, are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vesting Percent</u>
1 – 2	0%
3	25%
4	50%
5	75%
6 or more	100%

11. Related Party

The Colquitt Regional Medical Foundation is a not-for-profit organization established for the purpose of supporting Colquitt Regional Medical Center and the health care community of Colquitt County.

A summary of the Foundation's assets, liabilities, net assets, results of operations and changes in net assets follows:

	<u>2019</u>	<u>2018</u>
Assets, principally cash, investments, unconditional promises to give, and property	\$ <u>9,328,173</u>	\$ <u>8,964,054</u>
Liabilities, principally amounts due to related party and use obligation subject to life estate	\$ 448,114	\$ 464,373
Net assets	<u>8,880,059</u>	<u>8,499,681</u>
Total liabilities and net assets	\$ <u>9,328,173</u>	\$ <u>8,964,054</u>

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

11. Related Party, Continued

	<u>2019</u>	<u>2018</u>
Revenues	\$ 1,015,147	\$ 1,063,425
Expenses	<u>672,408</u>	<u>1,089,862</u>
Excess revenues (expenses)	342,739	( 26,437)
Change in net unrealized gains and losses on other than trading securities	<u>37,639</u>	<u>70,705</u>
Increase in net assets	380,378	44,268
Net assets, beginning of year	<u>8,499,681</u>	<u>8,455,413</u>
Net assets, end of year	\$ <u>8,880,059</u>	\$ <u>8,499,681</u>

12. Commitments and Contingencies

The Authority has operating leases with various vendors, primarily for equipment. Future estimated minimum operating lease payments that have initial or remaining lease terms in excess of one year are as follows:

<u>Year Ending September 30</u>	<u>Operating Lease Payments</u>
2020	\$ 324,330
2021	279,072
2022	279,072
2023	279,072
2024	<u>279,072</u>
Total	\$ <u>1,440,618</u>

Rental expense under all operating lease agreements for the years ended September 30, 2019 and 2018 was \$621,247 and \$697,493, respectively.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

12. Commitments and Contingencies, Continued

Medical Malpractice Claims

The Authority is partially self-insured with respect to medical malpractice risks. Claims in excess of the self-insurance amount are insured by a commercial carrier. Losses from asserted and unasserted claims are accrued based on claims reported and estimated claims incurred but not reported as derived from the Authority's incident reporting system. The Authority reports accrued claims in accrued expenses as a liability.

At September 30, 2019 and 2018, the Authority had investments of approximately \$2,379,000 and \$2,323,000 which are designated by the Board of Directors for potential malpractice claims.

Health and Worker's Compensation Claims

The Authority is partially self-insured for employee health and worker's compensation claims. The Authority's self-insurance program for employee health utilizes a third-party administrator that processes and pays claims. The Authority reimburses the third-party administrator for claims incurred and paid and has purchased stop-loss insurance coverage for claims in excess of \$200,000 for each individual employee. The stop-loss coverage is also subject to an aggregating deductible of \$78,000 per policy year. Total expenses relative to this plan were approximately \$4,766,000 and \$3,235,000 for 2019 and 2018, respectively. The Authority's self-insurance program for worker's compensation has purchased stop-loss insurance coverage for claims in excess of \$450,000 for each individual employee. Stop-loss coverage for the worker's compensation plan is capped at \$1 million. Total expenses relative to this plan were approximately \$443,000 and \$350,000 for 2019 and 2018, respectively. The Authority accrues liabilities for estimated incurred but unpaid claims based on historical experience and an evaluation of incidents reported under its incident reporting system. The Authority reports accrued claims in accrued expenses on the combined balance sheets. At September 30, 2019 and 2018, the Authority had investments of approximately \$635,000 designated for worker's compensation claims. At September 30, 2019 and 2018, the Authority had investments of approximately \$850,000, designated for employee health insurance claims.

Litigation

During the normal course of operations, the Authority is potentially subject to liabilities arising from the treatment of patients and the normal operations of the Authority. In the opinion of management and legal counsel, the Authority has adequate liability insurance protection to indemnify any material asserted or unasserted claims as of September 30, 2019 and 2018.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

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12. Commitments and Contingencies, Continued

Regulatory Compliance

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Authority has implemented a compliance plan focusing on such issues. There can be no assurance that the Authority will not be subjected to future investigations with accompanying monetary damages.

13. Concentrations of Credit Risk

The Authority is located in Moultrie, Georgia. The Authority grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. See Note 6 for a mix of receivables from patients and third-party payors at September 30, 2019 and 2018.

14. Health Care Reform

There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare at the national and the state levels. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of these provisions are and will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Authority.

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

15. Fair Value of Financial Instruments

The following methods and assumptions were used by the Authority in estimating the fair value of its financial instruments:

- *Cash and cash equivalents, short-term investments, estimated third-party payor settlements, accounts payable, and accrued expenses:* The carrying amount reported in the balance sheets approximates their fair value due to the short-term nature of these instruments.
- *Noncurrent cash and investments:* These assets consist primarily of cash, cash equivalents, certificates of deposit, investments and interest receivable. Fair values, which are the amounts reported in the balance sheets, are based on quoted market prices, if available, or estimated using quoted market prices for similar securities or other market conditions. See Note 18 for fair value measurement disclosure.
- *Long-term debt:* The fair value of the Authority's remaining long-term debt is estimated using discounted cash flow analyses, based on the Authority's current incremental borrowing rates for similar types of borrowing arrangements.

The carrying amounts and fair values of the Authority's long-term debt at September 30, 2019 and 2018, are as follows:

	<u>2019</u>		<u>2018</u>	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Long-term debt	\$ <u>49,861,818</u>	\$ <u>50,241,901</u>	\$ <u>43,857,575</u>	\$ <u>40,735,110</u>

Continued



**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)

**NOTES TO COMBINED FINANCIAL STATEMENTS, Continued**  
September 30, 2019 and 2018

16. Fair Value Measurement

Fair value of assets and liabilities measured on a recurring basis at September 30, 2019 and 2018 is as follows:

		Fair Value Measurements at Reporting Date Using		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		<u>Fair Value</u>		
<u>September 30, 2019</u>				
Assets:				
Cash equivalents	\$ 3,686,103	\$ 1,175,963	\$ 2,510,140	\$ -
U.S. Treasury obligations	1,628,521	1,628,521	-	-
U.S. Government Agency securities	1,358,283	-	1,358,283	-
Other fixed income	4,729,144	747,746	3,981,398	-
Equity securities	36,148,946	36,148,946	-	-
Mutual funds – commodities	420,398	420,398	-	-
Public hedge funds	<u>4,660,825</u>	<u>4,660,825</u>	<u>-</u>	<u>-</u>
Total assets	\$ <u>52,632,220</u>	\$ <u>44,782,399</u>	\$ <u>7,849,821</u>	\$ <u>-</u>
<u>September 30, 2018</u>				
Assets:				
Cash equivalents	\$ 2,259,593	\$ 618,281	\$ 1,641,312	\$ -
U.S. Treasury obligations	1,757,986	1,757,986	-	-
U.S. Government Agency securities	1,827,086	-	1,827,086	-
Other fixed income	3,655,503	695,425	2,960,078	-
Equity securities	36,577,545	36,577,545	-	-
Mutual funds – commodities	429,119	429,119	-	-
Public hedge funds	<u>4,561,566</u>	<u>4,561,566</u>	<u>-</u>	<u>-</u>
Total assets	\$ <u>51,068,398</u>	\$ <u>44,639,922</u>	\$ <u>6,428,476</u>	\$ <u>-</u>

Continued



HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)

NOTES TO COMBINED FINANCIAL STATEMENTS, Continued  
September 30, 2019 and 2018

16. Fair Value Measurement, Continued

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. All assets and liabilities have been valued using a market approach.

Certain cash equivalents are valued at amortized cost, which approximates fair value.

U.S. Government Agency securities and other fixed income are primarily valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

17. Rural Hospital Tax Credit Contributions

The State of Georgia (State) passed legislation which allows individuals or corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations. The Authority submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program effective for calendar years 2019 and 2018. Contributions received under the program approximated \$2,100,000 and \$2,200,000 during the Authority's fiscal year 2019 and 2018, respectively.

18. Other Assets

The following is a summary of other assets at September 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Deposits with vendors	\$ 1,382,846	\$ 1,157,348
Due from related parties	<u>465,163</u>	<u>442,676</u>
Total other assets	\$ <u>1,848,009</u>	\$ <u>1,600,024</u>

Certain vendors extend the option of discounted pricing on services and supplies to the Authority. The Authority must maintain required minimum deposits with the vendors in order to secure the discounted rates.



INDEPENDENT AUDITOR'S REPORT ON  
COMBINING INFORMATION

Board of Directors  
Hospital Authority of Colquitt County  
Moultrie, Georgia

We have audited the combined financial statements of the Hospital Authority of Colquitt County as of and for the years ended September 30, 2019 and 2018, and our report thereon dated January 27, 2020, which expressed an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The combining information included in this report on pages 44 to 49, inclusive, is presented for purposes of additional analysis of the combined financial statements rather than to present the balance sheet and statement of revenues and expenses of the individual companies, and is not a required part of the combined financial statements. Accordingly, we do not express an opinion on the financial position and results of operations of the individual companies.

The combining information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. Such information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining information is fairly stated in all material respects in relation to the combined financial statements as a whole.

*Draffin & Tucker, LLP*  
Albany, Georgia  
January 27, 2020

Let's Think Together.

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)  
COMBINING BALANCE SHEET  
September 30, 2019

	Colquitt Regional Medical Center	Colquitt Regional Health, Inc.	CRM, Inc.	Combined Total	Eliminating Journal Entries	Hospital Authority of Colquitt County
Current assets:						
Cash and cash equivalents	\$ 11,314,330	\$ 384,663	\$ 511,431	\$ 12,210,424	\$ -	\$ 12,210,424
Short-term investments	675,249	-	-	675,249	-	675,249
Patient accounts receivable, net	13,355,141	396,288	3,157,224	16,908,653	-	16,908,653
Supplies	4,405,515	-	5,622	4,411,137	-	4,411,137
Due from related parties	4,137,021	-	-	4,137,021	(4,137,021)	-
Notes receivable, current portion	278,446	-	-	278,446	-	278,446
Other current assets	<u>2,407,707</u>	<u>-</u>	<u>-</u>	<u>2,407,707</u>	<u>-</u>	<u>2,407,707</u>
Total current assets	<u>36,573,409</u>	<u>780,951</u>	<u>3,674,277</u>	<u>41,028,637</u>	<u>(4,137,021)</u>	<u>36,891,616</u>
Noncurrent cash and investments	<u>53,487,535</u>	<u>-</u>	<u>-</u>	<u>53,487,535</u>	<u>-</u>	<u>53,487,535</u>
Capital assets, net of accumulated depreciation	<u>91,050,421</u>	<u>259,333</u>	<u>-</u>	<u>91,309,754</u>	<u>-</u>	<u>91,309,754</u>
Other assets	<u>2,409,441</u>	<u>23,066</u>	<u>6,000</u>	<u>2,438,507</u>	<u>-</u>	<u>2,438,507</u>
Total assets	<u>\$ 183,520,806</u>	<u>\$ 1,063,350</u>	<u>\$ 3,680,277</u>	<u>\$ 188,264,433</u>	<u>\$(4,137,021)</u>	<u>\$ 184,127,412</u>

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)  
COMBINING BALANCE SHEET, Continued  
September 30, 2019

	Colquitt Regional Medical Center	Colquitt Regional Health, Inc.	CRM, Inc.	Combined Total	Eliminating Journal Entries	Hospital Authority of Colquitt County
Current liabilities:						
Current installments of long-term debt	\$ 4,165,267	\$ -	\$ -	\$ 4,165,267	\$ -	\$ 4,165,267
Accounts payable	5,854,074	3,804	1,042,301	6,900,179	-	6,900,179
Accrued expenses	12,853,034	-	394,929	13,247,963	-	13,247,963
Estimated third-party payor settlements	1,036,243	-	-	1,036,243	-	1,036,243
Due to related parties	<u>-</u>	<u>1,190,249</u>	<u>2,946,772</u>	<u>4,137,021</u>	<u>(4,137,021)</u>	<u>-</u>
Total current liabilities	23,908,618	1,194,053	4,384,002	29,486,673	(4,137,021)	25,349,652
Long-term debt, excluding current installments	<u>47,039,274</u>	<u>-</u>	<u>-</u>	<u>47,039,274</u>	<u>-</u>	<u>47,039,274</u>
Total liabilities	70,947,892	1,194,053	4,384,002	76,525,947	(4,137,021)	72,388,926
Net position	<u>112,572,914</u>	<u>( 130,703)</u>	<u>( 703,725)</u>	<u>111,738,486</u>	<u>-</u>	<u>111,738,486</u>
Total liabilities and net position	\$ <u>183,520,806</u>	\$ <u>1,063,350</u>	\$ <u>3,680,277</u>	\$ <u>188,264,433</u>	\$ <u>(4,137,021)</u>	\$ <u>184,127,412</u>

See accompanying auditor's report on combining information.

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)  
COMBINING BALANCE SHEET  
September 30, 2018

	Colquitt Regional Medical Center	Colquitt Regional Health, Inc.	CRM, Inc.	Combined Total	Eliminating Journal Entries	Hospital Authority of Colquitt County
Current assets:						
Cash and cash equivalents	\$ 9,729,717	\$ 390,114	\$ 1,314,463	\$ 11,434,294	\$ -	\$ 11,434,294
Short-term investments	964,526	-	-	964,526	-	964,526
Patient accounts receivable, net	13,190,480	319,411	2,261,957	15,771,848	-	15,771,848
Supplies	4,318,250	-	4,149	4,322,399	-	4,322,399
Due from related parties	9,985,192	-	-	9,985,192	(9,985,192)	-
Notes receivable, current portion	310,074	-	-	310,074	-	310,074
Other current assets	<u>1,796,651</u>	<u>-</u>	<u>4,455</u>	<u>1,801,106</u>	<u>-</u>	<u>1,801,106</u>
Total current assets	<u>40,294,890</u>	<u>709,525</u>	<u>3,585,024</u>	<u>44,589,439</u>	<u>(9,985,192)</u>	<u>34,604,247</u>
Noncurrent cash and investments	<u>51,227,969</u>	<u>-</u>	<u>-</u>	<u>51,227,969</u>	<u>-</u>	<u>51,227,969</u>
Capital assets, net of accumulated depreciation	<u>82,903,894</u>	<u>279,419</u>	<u>-</u>	<u>83,183,313</u>	<u>-</u>	<u>83,183,313</u>
Other assets	<u>2,039,409</u>	<u>23,066</u>	<u>6,000</u>	<u>2,068,475</u>	<u>-</u>	<u>2,068,475</u>
Total assets	<u>\$ 176,466,162</u>	<u>\$ 1,012,010</u>	<u>\$ 3,591,024</u>	<u>\$ 181,069,196</u>	<u>\$(9,985,192)</u>	<u>\$ 171,084,004</u>

Continued

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
**(A Component Unit of Colquitt County, Georgia)**  
**COMBINING BALANCE SHEET, Continued**  
**September 30, 2018**

	Colquitt Regional Medical Center	Colquitt Regional Health, Inc.	CRM, Inc.	Combined Total	Eliminating Journal Entries	Hospital Authority of Colquitt County
Current liabilities:						
Current installments of long-term debt	\$ 3,491,370	\$ -	\$ -	\$ 3,491,370	\$ -	\$ 3,491,370
Accounts payable	4,529,822	4,217	879,855	5,413,894	-	5,413,894
Accrued expenses	12,708,751	-	( 88,237)	12,620,514	-	12,620,514
Estimated third-party payor settlements	1,245,592	-	-	1,245,592	-	1,245,592
Due to related parties	<u>-</u>	<u>1,251,470</u>	<u>8,733,722</u>	<u>9,985,192</u>	<u>(9,985,192)</u>	<u>-</u>
Total current liabilities	21,975,535	1,255,687	9,525,340	32,756,562	(9,985,192)	22,771,370
Long-term debt, excluding current installments	<u>42,195,866</u>	<u>-</u>	<u>-</u>	<u>42,195,866</u>	<u>-</u>	<u>42,195,866</u>
Total liabilities	64,171,401	1,255,687	9,525,340	74,952,428	(9,985,192)	64,967,236
Net position	<u>112,294,761</u>	<u>( 243,677)</u>	<u>(5,934,316)</u>	<u>106,116,768</u>	<u>-</u>	<u>106,116,768</u>
Total liabilities and net position	\$ <u>176,466,162</u>	\$ <u>1,012,010</u>	\$ <u>3,591,024</u>	\$ <u>181,069,196</u>	\$ <u>(9,985,192)</u>	\$ <u>171,084,004</u>

See accompanying auditor's report on combining information.

**HOSPITAL AUTHORITY OF COLQUITT COUNTY**  
(A Component Unit of Colquitt County, Georgia)  
**COMBINING STATEMENT OF REVENUES AND EXPENSES**  
September 30, 2019

	Colquitt Regional Medical Center	Colquitt Regional Health, Inc.	CRM, Inc.	Combined Total	Eliminating Journal Entries	Hospital Authority of Colquitt County
Operating revenues:						
Net patient service revenue	\$ 133,796,582	\$ 2,982,151	\$ 22,607,367	\$ 159,386,100	\$( 610,888)	\$ 158,775,212
Other revenue	<u>4,871,272</u>	<u>568,294</u>	<u>-</u>	<u>5,439,566</u>	<u>(1,952,841)</u>	<u>3,486,725</u>
Total operating revenues	<u>138,667,854</u>	<u>3,550,445</u>	<u>22,607,367</u>	<u>164,825,666</u>	<u>(2,563,729)</u>	<u>162,261,937</u>
Operating expenses:						
Salaries and wages	54,065,714	2,345,129	6,540,040	62,950,883	-	62,950,883
Employee health and welfare	11,549,093	587,102	1,819,355	13,955,550	-	13,955,550
Medical supplies and other expense	47,789,850	395,766	4,827,435	53,013,051	(2,138,646)	50,874,405
Professional fees	3,033,013	-	13,893,849	16,926,862	( 425,083)	16,501,779
Purchased services	4,784,328	57,484	873,362	5,715,174	-	5,715,174
Depreciation and amortization	<u>9,042,826</u>	<u>51,970</u>	<u>272,410</u>	<u>9,367,206</u>	<u>-</u>	<u>9,367,206</u>
Total operating expenses	<u>130,264,824</u>	<u>3,437,451</u>	<u>28,226,451</u>	<u>161,928,726</u>	<u>(2,563,729)</u>	<u>159,364,997</u>
Operating income (loss)	<u>8,403,030</u>	<u>112,994</u>	<u>( 5,619,084)</u>	<u>2,896,940</u>	<u>-</u>	<u>2,896,940</u>
Nonoperating revenues (expenses):						
Investment income	1,677,954	-	-	1,677,954	-	1,677,954
Interest expense	( 1,320,530)	-	-	( 1,320,530)	-	( 1,320,530)
Rural hospital tax credit and other	<u>2,014,218</u>	<u>-</u>	<u>-</u>	<u>2,014,218</u>	<u>-</u>	<u>2,014,218</u>
Total nonoperating revenues	<u>2,371,642</u>	<u>-</u>	<u>-</u>	<u>2,371,642</u>	<u>-</u>	<u>2,371,642</u>
Excess revenues (expenses)	<u>\$ 10,774,672</u>	<u>\$ 112,994</u>	<u>\$( 5,619,084)</u>	<u>\$ 5,268,582</u>	<u>\$ -</u>	<u>\$ 5,268,582</u>

See accompanying auditor's report on combining information.

HOSPITAL AUTHORITY OF COLQUITT COUNTY  
(A Component Unit of Colquitt County, Georgia)  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
September 30, 2018

	Colquitt Regional Medical Center	Colquitt Regional Health, Inc.	CRM, Inc.	Combined Total	Eliminating Journal Entries	Hospital Authority of Colquitt County
Operating revenues:						
Net patient service revenue	\$ 121,511,269	\$ 3,088,957	\$ 19,672,177	\$ 144,272,403	\$( 596,972)	\$ 143,675,431
Other revenue	<u>3,525,375</u>	<u>556,520</u>	<u>122</u>	<u>4,082,017</u>	<u>(1,977,644)</u>	<u>2,104,373</u>
Total operating revenues	<u>125,036,644</u>	<u>3,645,477</u>	<u>19,672,299</u>	<u>148,354,420</u>	<u>(2,574,616)</u>	<u>145,779,804</u>
Operating expenses:						
Salaries and wages	51,625,182	2,486,621	5,203,040	59,314,843	-	59,314,843
Employee health and welfare	9,628,530	595,981	1,611,977	11,836,488	-	11,836,488
Medical supplies and other expense	41,380,601	387,323	4,244,275	46,012,199	(2,148,363)	43,863,836
Professional fees	1,916,738	-	12,311,629	14,228,367	( 426,253)	13,802,114
Purchased services	5,179,926	45,108	492,779	5,717,813	-	5,717,813
Depreciation and amortization	<u>8,582,195</u>	<u>47,361</u>	<u>261,919</u>	<u>8,891,475</u>	<u>-</u>	<u>8,891,475</u>
Total operating expenses	<u>118,313,172</u>	<u>3,562,394</u>	<u>24,125,619</u>	<u>146,001,185</u>	<u>(2,574,616)</u>	<u>143,426,569</u>
Operating income (loss)	<u>6,723,472</u>	<u>83,083</u>	<u>( 4,453,320)</u>	<u>2,353,235</u>	<u>-</u>	<u>2,353,235</u>
Nonoperating revenues (expenses):						
Investment income	3,119,358	-	-	3,119,358	-	3,119,358
Interest expense	( 944,378)	-	-	( 944,378)	-	( 944,378)
Rural hospital tax credit and other	<u>2,090,286</u>	<u>-</u>	<u>-</u>	<u>2,090,286</u>	<u>-</u>	<u>2,090,286</u>
Total nonoperating revenues	<u>4,265,266</u>	<u>-</u>	<u>-</u>	<u>4,265,266</u>	<u>-</u>	<u>4,265,266</u>
Excess revenues (expenses)	<u>\$ 10,988,738</u>	<u>\$ 83,083</u>	<u>\$( 4,453,320)</u>	<u>\$ 6,618,501</u>	<u>\$ -</u>	<u>\$ 6,618,501</u>

See accompanying auditor's report on combining information.



## 2019 Community Health Needs Assessment

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The following assessment was researched and written by:  
  
[www.dorffintucker.com](http://www.dorffintucker.com)

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### EXECUTIVE SUMMARY

**Purpose**  
 The purpose of the Colquitt Regional Health Needs Assessment (CHNA) is to provide Colquitt Regional Medical Center with information that enables the Internal Medicine (IM) and Emergency Medicine (EM) departments to better understand the community's health needs and to develop strategies to address them. The CHNA is a community-based assessment that provides information about the community's health needs, including information about the community's health status, health behaviors, and health care needs. The CHNA is a community-based assessment that provides information about the community's health needs, including information about the community's health status, health behaviors, and health care needs. The CHNA is a community-based assessment that provides information about the community's health needs, including information about the community's health status, health behaviors, and health care needs.

**About the Area**  
 Colquitt County is located in southeast Georgia. The estimated population of Colquitt County in 2017 was 40,886. The county is located in the center of Georgia and is bordered by Wilcox County, Wilkes County, and Wilcox County. The county is located in the center of Georgia and is bordered by Wilcox County, Wilkes County, and Wilcox County.

**Condition of Health (Morbidity and Mortality)**  
 The assessment of a specific disease (morbidity) is a population-based study that measures the prevalence of a disease in a population. The assessment of a specific disease (mortality) is a population-based study that measures the prevalence of a disease in a population. The assessment of a specific disease (morbidity) is a population-based study that measures the prevalence of a disease in a population. The assessment of a specific disease (mortality) is a population-based study that measures the prevalence of a disease in a population.

**HEALTH STATUS AND TRENDS**  
 Heart disease and stroke remain the leading causes of death in Colquitt County. Heart disease was the third leading cause of death in Colquitt County. The heart disease death rate in Colquitt County was higher than Georgia and the U.S. Stroke was the fourth leading cause of death in Georgia and the sixth leading cause of death in Colquitt County. Stroke was the fourth leading cause of death in Georgia and the sixth leading cause of death in Colquitt County. Stroke was the fourth leading cause of death in Georgia and the sixth leading cause of death in Colquitt County.

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Caltech Regional Medical Center	<a href="http://www.regmed.com">http://www.regmed.com</a>	18

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## ABOUT COLQUITT COUNTY

Colquhoun County is in southwestern Georgia. Colquhoun County has a total land area of 507 square miles.<sup>1</sup> According to the U.S. Census, in 2017 the population of the county was estimated at 45,000 residents.<sup>2</sup> Colquhoun Regional Medical Center is the only hospital in the county and has many ancillary services. Besides serving the community, The main hospital is in the city of Milledgeville.

Colquitt County contains eight past hunting preserves and is also a popular location for hunting sustainable quail, wild turkeys, deer, and doves.<sup>8</sup> Colquitt County is an agriculturally rich county that produces cattle feed, cotton, peanuts, sugar cane, watermelons, corn, wheat, and other grains.<sup>9</sup> Colquitt County's primary industries include manufacturing, health care, and retail trade.<sup>10</sup>

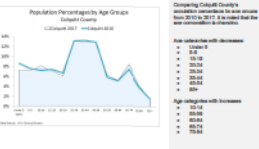
**Georgia Public Health Districts**

The State of Georgia is divided into 16 health districts. Catoosa County is located in District 6.2 which is also referred to as 6.2 Southeast (Zany). This district includes the following counties: Catoosa, Thomas, Steady



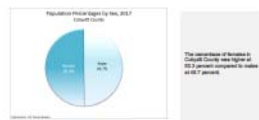
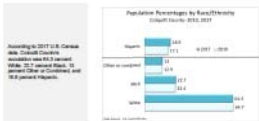
## Population Profile

A community's health status is reflective of its population characteristics. Therefore, the messages for the population, the goals for health needs. The group is now ready to develop across various conditions requiring care.

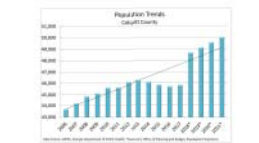


## Race, Ethnicity and Origin Profile

There have been several studies conducted identifying the health disparities among race and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, employment, income, housing, and personal behaviors. These disparities have been identified in many communities across the state and the nation. It is important that the state and local health care systems address these disparities to ensure that all residents have access to the same quality of care.



In 2017, Columbia County's resident population was 45,475. The population is projected to increase to 50,170 in 2027.



## COMMUNITY INPUT

The following information was gathered from the Columbia County community focus groups and the community survey.

- About the Community**
- Many residents stated that there were no major developments in all the District 8-2 counties.
  - There were several small businesses and organizations that were started in the area. Some of these businesses were started in the area of the community.
  - The current businesses and organizations that have opened in the last 10 years were the Columbia County College of Health Sciences and the Columbia County College of Health Sciences.

## MORBIDITY AND MORTALITY

### Hospitalization and Emergency Room Visits

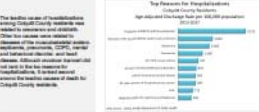


Table of the top reasons for hospitalization and emergency room visits in Columbia County. The table lists the condition, the number of cases, and the percentage of total cases.

Condition	Number of Cases	Percentage of Total Cases
Heart disease	10.1	10.1%
Diabetes	8.1	8.1%
Cancer	7.1	7.1%
Chronic lower respiratory disease	6.1	6.1%
Kidney disease	5.1	5.1%





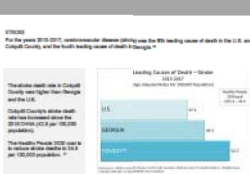
#### MODIFIABLE RISK FACTORS

According to the 2017 Strategic Behavioral Risk Factor Prevalence Survey (SBFRS), the following risk factors were most prevalent in the region:



#### STROKE

For the year 2015-2017, cardiovascular disease (CVD) was the 10th leading cause of death in the U.S. and Clark County, and the 10th leading cause of death in Clark County.



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For the year 2015-2017, cardiovascular disease (CVD) was the 10th leading cause of death in the U.S. and Clark County, and the 10th leading cause of death in Clark County.



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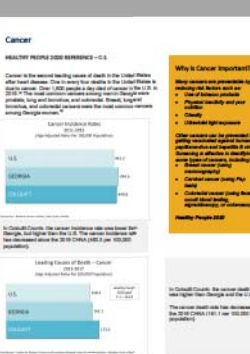
#### COMMUNITY INPUT

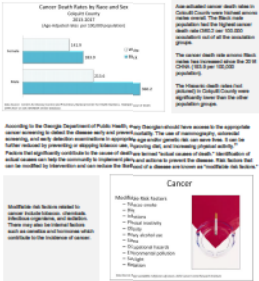
The following engagement comments are based on feedback from Clark County community focus groups and the community survey.



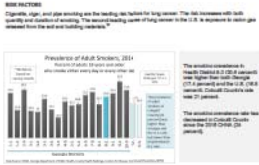
#### Cancer

For the year 2015-2017, cancer was the 10th leading cause of death in the U.S. and Clark County, and the 10th leading cause of death in Clark County.





The following pages of this report include a discussion of the types of cancer that were most prevalent, with lowest risk factors, and cancer can be detected at early stages through screening tests.



**BRIS FACTORS**

Colon and rectum cancer rates increase with age. According to the American Cancer Society, 90 percent of men and 80 percent of women have colon or rectal cancer by age 70 and older. Modifiable risk factors include:

- Obesity and poor diet
- Physical inactivity
- Exposure to heavy metals and pesticides
- High consumption of red and processed meat
- Lung-term smoking
- Low calcium intake
- Very low intake of whole grains, fiber, and vegetables

**EARLY DETECTION**

Colon and rectum cancer screening provides early detection. Colonoscopy may be increased before they become symptomatic. Screening provides health by decreasing the incidence of cancer and by identifying precancerous polyps and removing them. The U.S. Preventive Services Task Force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years, or colonoscopy every 10 years.



#### Breast Cancer

Breast cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also is the leading cause of cancer death in women older than 20 years among African American women.



#### Community Health Center

##### Risk Factors

Signs to the health care provider that factors for breast cancer. Risk is also increased by a personal or family history of breast cancer. Potential modifiable risk factors include:

- Weight gain after age 40
- Being overweight or obese
- Late menopause
- Physical inactivity
- Consumption of alcohol or more than one drink per day
- Long-term hormone therapy

Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate to vigorous physical activity
- Maintaining a healthy body weight

##### Early Detection

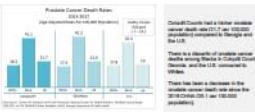
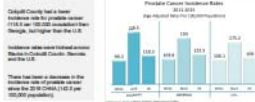
Screenography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce breast mortality. Screening by the health care provider, mammography, ultrasound, and breast self-examination can detect breast cancer before it becomes a problem. Screening by the health care provider can detect breast cancer before it becomes a problem. Screening by the health care provider can detect breast cancer before it becomes a problem.



#### Community Health Center

##### Prostate Cancer

Prostate cancer is the most frequently diagnosed cancer among men older than 40 years. Prostate cancer is the leading cause of cancer death in men older than 40 years.



#### Community Health Center

##### Risk Factors

According to the American Cancer Society, risk factors for prostate cancer include:

- Age
- Ethnicity
- Family history of prostate cancer

##### Early Detection

Prostate cancer is often found during a PSA test. PSA is a blood test that measures the level of prostate-specific antigen (PSA) in the blood. PSA is a blood test that measures the level of prostate-specific antigen (PSA) in the blood. PSA is a blood test that measures the level of prostate-specific antigen (PSA) in the blood.

## COMMUNITY INPUT

The following suggestions are based on feedback from the community health center group and the community health center group.

##### Changes

- There is a new cancer center at the hospital.
- Will cancer incidence rates increase due to more cases being detected at a point of the cancer center?
- Will the cancer death rates decrease with the increase of cancer detection?
- We need to look at the past causes of cancer like smoking.
- Chemical and biological exposure may need to be investigated using the epidemiological methods. Exposure to these chemicals can cause cancer.
- There is a need for early diagnosis and detection for cancer. People may not understand the benefits of early screening that are free.

Chronic lower respiratory diseases affect the lungs. One of these diseases is chronic obstructive pulmonary disease (COPD). COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory diseases include asthma and acute respiratory infections.<sup>10</sup>

**Leading Causes of Death**  
Chronic Diseases, Noncommunicable Diseases



For the years 2015-2017, Colquhoun County's chronic respiratory disease death rate (71.2 per 100,000 population) was higher than Georgia and the U.S. The chronic lower respiratory disease death rate has increased since the 2010-2014 (58.8 per 100,000 population).



Currently in the United States, more than 22 million people have asthma. Approximately 17.5 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society. It is paid for with higher health insurance rates, lost productivity, and the dollars. Annual health care expenditures for asthma alone are estimated at \$20.7 billion.

100%

The age-adjusted death rate from chronic lower respiratory diseases in Colquitt County was highest among White males. Death rates for Hispanics were suppressed due to low number of cases.

04

There was a lower percentage of asthma among adults with low health status (5.2 compared to 8.0%).



Exchange Rates 0-17 years of age

In both Colorado County and Georgia, children with Medicaid had higher electronic rates compared to children with private insurance.

Race/Ethnicity	All (%)	Insured (%)
All	10.1	10.1
White	10.1	10.1
Black	10.1	10.1
Hispanic	10.1	10.1
Insured	10.1	10.1

In both Colorado counties and statewide, the Black population had a higher diabetes rate compared to the White population.

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Age-Adjusted Rate/100 (95% CI)

The electronic rates for respiratory-related diseases in Colquhoun County were higher compared to Illinois. The World Health Organization in Colquhoun County had higher electronic rates compared to the Illinois population.

Category	Colquhoun County	Illinois
All	1211.0	822.4
Black	1504.7	801.5
White	1205.8	818.7

Source: CDC, <https://www.cdc.gov/nchs/data/ahr/1998-2002>

Influenza [5a] is a contagious respiratory disease caused by a viral infection, more often in severe form. The best way to prevent it is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 2 years of age worldwide. Pneumonia can often be prevented with vaccines and usually



The Catoosa County influenza and pneumonia death rate was higher than both Georgia and the U.S.

Modifiable Risk Factors

- Tobacco smoke
  - Air quality (AQ)
  - Physical exertion
  - Air pollution
  - Allergens
  - Occupational agents
- 

The following mentioned contents are based on the data from Global Health community-based survey in

Key statistical inferences.

\* The number of smokers in the community has increased.

- \* Southern Georgia has experienced a rise in the number of cases of childhood asthma and allergies.

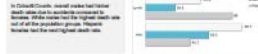
## HEALTHY PEOPLE 2020 REFERENCE - IV

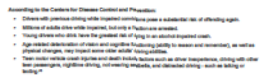
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Home accidents
- Falls
- Natural/Environmental
- Suffocation
- Falls
- Fire
- Drowning



Incident County Status by Race and Sex  
(Unadjusted Counts)  
Data by: [ ] Sex [ ] Race





### Diabetes

## HEALTHY PEOPLE 2020 REFERENCE – 0

In 2010 more than 200,000 deaths occurred being diagnosed as *unintentional or contributing cause of death*.<sup>1</sup> In 2013, the country's overall leading cause of death, more than 20 other people (3.4 percent) of the United States population are estimated to have diagnosed or underlying diseases.<sup>2</sup>

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diseases. During last decade, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.<sup>3</sup>



### Why Is Diabetes Important?

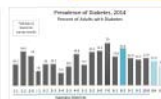
- **Decreases the risk of heart disease by 2 to 4 times**

In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The role of diabetes continues to increase both in the United States and throughout the world.

**Healthy People 2010**

Health District 5.2 (which includes Carroll County), had a higher diabetic prevalence (17.8 percent) than Georgia or the U.S.



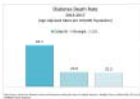
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The diabetes rate for diabetes was higher in Colquitt County compared to Georgia. The Black population in Georgia and Colquitt County had a higher diabetes rate compared to other population groups.

The diabetes rate for Hispanic was not available for this report.

Race and Ethnicity	Diabetes Rate
Black	103.4
Hispanic	98.1
White	98.1

(Continued on inside back cover)  
 © 2008 by American Psychological Association  
 0893-3200/08/\$12.00  
 DOI: 10.1037/0893-3200.22.4.599



There was an increase in the diabetes death rate since the 2010 Census (35.2 per 100,000 population).

9

## Discussion

**Modifiable Risk Factors**

- Smoking/tobacco
- High blood sugar
- High blood pressure
- Internal lipid metabolism
- Physical inactivity
- Alcohol intake
- Heavy alcohol use



## Obesity

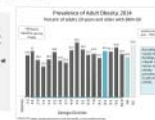
## HEALTHY PEOPLE 2000 REFINANCES—TUES, P. 4

The top obstacle that factor for children is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 18.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce the percentage to 30.2 percent.

The consistency of adult obesity is 100% (95% CI, 99.7 to 100.0) and is higher than Germany (95.9 percent), but lower than the U.S. (98.8 percent).

County	Prevalence
Alameda	18
Contra Costa	15
San Francisco	12
San Diego	10
Santa Clara	8
Santa Cruz	7

COVID-19 test prevalence by county



**Adult Obesity in Emerging by Age, Race, and Gender**

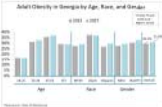
Legend: 2004 (dark grey), 2007 (light grey)

Category	Age Group	2004 (%)	2007 (%)
Age	18-24	~10	~12
	25-34	~15	~18
	35-44	~20	~22
Race	White	~15	~18
	Black	~25	~28
	Hispanic	~18	~20
Gender	Male	~15	~18
	Female	~20	~22
	Total	~18	~20

Percentage of Respondents

Category	Sub-category	Percentage
Age	18-24	15%
	25-34	25%
	35-44	20%
	45-54	15%
	55-64	10%
	65-74	15%
Race	White	60%
	Black	20%
	Hispanic	10%
	Asian	5%
	Other	5%
Gender	Male	55%
	Female	45%

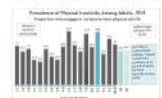
Source: Survey Data



In 2017, adult obesity in Florida was highest among the Black population and those who are ages 45-65. Physical activity rates tend to be lower compared to men.

Comparing interest directly values from 2012 to 2017 shows a slight increase by about one percent.

Clearly is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.<sup>10</sup>

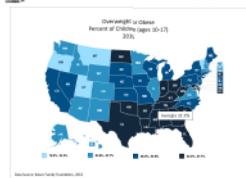


The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 5.7 (38.8 percent) compared to Georgia's average (23.8 percent) and the U.S. (14.2 percent). Colquitt County had a higher prevalence of physical inactivity (30 percent) than Georgia and the U.S.

### Childhood Obesity

Additional study is needed to assess disease severity in adults over 60 years of age called type 2 diabetes (formerly known as adult-onset diabetes). Children diagnosed with type 1 diabetes are generally between 10 and 18 years old, have a strong family history for type 2 diabetes, and have insulin resistance.<sup>10</sup> Clearly, the primary metabolic risk factor is genetic for type 2 diabetes.

According to data analyzed by the Kaiser Family Foundation, though, nearly eight-in-ten (80.2 percent) in the nation for copyright and class children. Nationally, 91.7 percent of children in this age range were copyright in



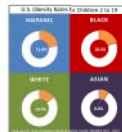
The following table highlights clearly roles in thought by age group and language used among other states.<sup>18</sup>

Childhood obesity		
	2 to 5 yrs (2016-2017)	10 to 17 years (2010)
U.S.	14.5%	21.2%
Georgia	13.2%	34%
Nearby Neighboring States	34%	32%

Data source: CDC's Behavioral Risk Factor Surveillance System

Colquhoun Regional Medical Center <https://colquhounregional.com>

Racial and ethnic disparities are very significant across the entire U.S. population of children and adolescents. In 2011-2014, the following clearly disparities in children and adolescents were noted:



Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Children are most likely to become obese adults and closely to adulthood is likely to be most severe.<sup>14</sup>

- High blood pressure and high cholesterol
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as sleep apnea, and asthma
- Joint problems and musculoskeletal disorders
- Fatty liver disease, gallstones, and gastric reflux, and
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can contribute to a vicious cycle.

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## COMMUNITY INPUT

The following unapproved comments are based on feedback from Colquhoun County community focus groups and are submitted for review.

## Obesity and Diabetes

- Obesity and lifestyle are a recognized problem but not necessarily a treatable problem that is easy to address outside a person's home.
- The hospital should try a program to tackle obesity and lifestyle by targeting the most at-risk patients.
- Culpeper is the highest producer of produce yet has higher obesity rates.
- There are a lot of parents who say not know how to cook.
- People may not understand ways to accomplish physical activity.
- Obesity and diabetes are happening across all socioeconomic classes.

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## COMMUNITY INPUT

The following employment comments are based on feedback from Colquhoun County community focus groups and are subject to change.

## Obesity and Diabetes (Children)

- \* There are a lot more Type-2 diastolic children compared to three years ago.

Obesity and Diabetes (Resources Available)

- \* There is a need for a fun and engaging program to address lifestyle change like walking groups for health, allow walking groups in the city or track for total number of steps.
- \* Access to food is a major problem in the community. Lack of transportation exacerbates this issue.
- \* There is need for better access to healthy food. A lot of individuals may not live close to a grocery store.

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## MATERNAL, INFANT AND CHILD HEALTH

## HEALTHY PEOPLE 2020 REFERENCE – NICH

The health of mothers, infants, and children is vital to a healthy community. This population is particularly vulnerable to health risks when stressed during pregnancy and early childhood. The mental, physical development of infants and children is affected by the behaviors of their mothers during pregnancy.<sup>24</sup>

- Low birth rates
- Number of child deaths
- Infant and child mortality
- Teen birth rates
- Whether receiving adequate prenatal care
- Low and very low birth weights
- Breastfeeding
- Immunization rates

**Basal and other lipoproteins were listed among these inhibitors**  
 Downloaded from <http://ajph.org/> by guest on September 11, 2015

More than 60 percent of women in the United States who become pregnant and give birth to one or more children, report that percent of these women will suffer pregnancy complications, leading them to depression is the need for a cesarean delivery. Clearly, it's no surprise that so many complications during pregnancy.

Infected blood  
- inadequate nutrition  
- urinary weight

Healthy People 2020

3. The stages method is maternal, infant, and child health largely to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant mortality and death can be reduced by improving women to care before, during, and after pregnancy.<sup>20</sup>

### Why Are Maternal Infant and Child

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks can include:

- Hyperhomocysteinemia and heart disease
  - Diabetes
  - Depression
  - Sexually transmitted diseases (STDs)
  - Tobacco use and alcohol abuse
  - Sleep apnea and snoring
  - Unhealthy weight
- Healthy People 2020

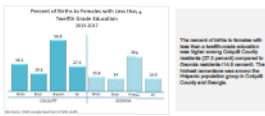
100

© 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 105–112

For the period 2013-2017, Colquhoun County had higher birth rates among the Hispanic population compared to other populations.

Year	Colquhoun County	White	Black	Hispanic
2013	16.7	16.7	16.7	16.7
2014	16.7	16.7	16.7	16.7
2015	16.7	16.7	16.7	16.7
2016	16.7	16.7	16.7	16.7
2017	15.7	15.7	15.7	15.7

Source: NC, US Census Bureau



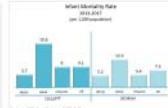
The percent of births to females with less than a high-school education was higher among Colquitt County residents (27.2 percent) compared to Georgia residents (14.8 percent). The highest percentage was among the Hispanic population group in Colquitt County and Georgia.

Infant mortality is the death of a baby before his or her 1st birthday. In 2017, approximately 22,000 infants died in the U.S. The infant mortality rate is often used to measure the health and well-being of a population (because babies are the most vulnerable members of society). Factors that impact the mortality rate of infants<sup>1</sup> (some of the common causes of infant mortality include serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury).

The infant mortality rate in Colquitt County was higher than Georgia.

The infant mortality rate was among the 10th position in Georgia.

The infant mortality rate has increased since the 2010 Census (7.8 per 1,000) according. The Black and Hispanic populations have increased since the 2010 Census.

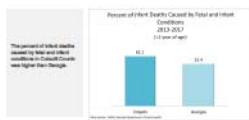


The health of a fetus and infant is directly affected by conditions that occur during pregnancy or near birth.

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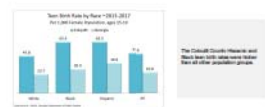
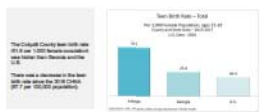
- Prematurity is a disorder related to short gestation and low birth weight.
- Lack of oxygen to the fetus is very common during pregnancy or childbirth when the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the perinatal period.<sup>30</sup>

The following chart summarizes the potential results related to the variables listed above:

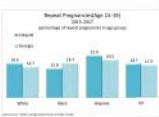


Substantial declines pointed to less birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other

*Substance discipline proved to have little effect. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and birth are significant contributors to high school dropout rates among girls. The effects of teenage mothers are two fold: to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a*



The Colwell County Health and Health Care Unit also were higher than all other population groups.



For authors ages 15-19, Cobbett County had a higher number of repeat pregnancies (35.3 percent) compared to Georgia (17.6 percent). The Hispanic population group had the highest percent of repeat pregnancies compared to other population groups in Cobbett County and Georgia.

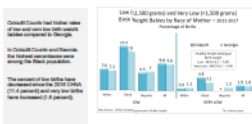
**Teen Pregnancy in Georgia**

In 2010, Georgia ranked 10<sup>th</sup> highest in the U.S. for teen births. In 2011, Georgia ranked 7<sup>th</sup>. High birth rates are a public health concern because teen mothers and their infants are at increased risk for poor health and social outcomes, such as low birth weight and decreased educational attainment. The birth rate among Georgia teens aged 15-19 years declined between 2012 and

## Birth Weight

Low birth weight (less than 5,500 grams) is the single most important factor affecting neonatal mortality and a significant indicator of poor maternal mortality. Low birth weight infants who survive go at increased risk for health problems ranging from developmental disabilities to respiratory illnesses.

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent<sup>10</sup>. In 2017, the national percentages of low birth weight babies were 12 percent, and for very low birth weight babies were 1.7 percent<sup>11</sup>.

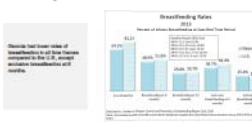


## Mother Receiving Adequate Prenatal Care

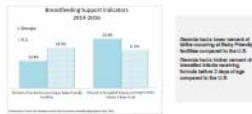


The percent of births with late or no prenatal care was higher in Oregon than the national average. Despite higher rates for the highest percent of births with late prenatal care, the rate in Oregon County was higher than the national average.

## Breastfeeding



The Healthy People 2020 objective for breastfeeding is 74 percent. The percent of births with late or no prenatal care was higher in Oregon than the national average. Despite higher rates for the highest percent of births with late prenatal care, the rate in Oregon County was higher than the national average.



## COMMUNITY INPUT

The following presentation materials are based on feedback from Oregon County community focus groups and key stakeholder interviews.

Teen Birth Rate and Prenatal Care

- Teen pregnancy rates have really improved.
- Prenatal care is so important among the Hispanic population.
- Informational campaigns are helpful to go to the clinic in the of being pregnant.

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## ALCOHOL, TOBACCO AND DRUG USE

### HEALTHY PEOPLE 2020 GOALS - TOLSA

Tobacco, alcohol, and drug abuse have a major impact not only on the individual and family, but also the community. These substances contribute significantly to health issues including:

- Chronic diseases
- Teenage pregnancy
- Mental/developmental diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Suicide
- Injury

Although many programs have been made to reduce cigarette smoking in the United States, in 2015, 18.2 percent of adults aged 18 and over reported smoking cigarettes 1 or more days per week.

#### Adolescent Behavior

The Healthy People 2020 goal is to reduce among adolescents and young adults use of legal and illegal substances. Health outcomes for adolescents and young adults are provided by their social and family environment and are largely mediated by their behaviors. Behaviors of young people are influenced by the individual, peer, family, school, community, and societal levels.

The Youth Risk Behavior Surveillance System (YRBBS) collects health risk behavioral information in the leading causes of death and disability among youth and young adults in the State and national levels. The survey is representative of youth and young adults aged 16-19 years and is administered annually. YRBBS data are used to monitor and evaluate progress in achieving national and state health goals. The YRBBS is a key tool for the 2020 Healthy People 2020 goal to reduce among adolescents and young adults use of legal and illegal substances. The YRBBS is a key tool for the 2020 Healthy People 2020 goal to reduce among adolescents and young adults use of legal and illegal substances.

#### Why is Adolescent Health Important?

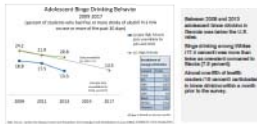
Adolescence is a critical developmental period that lays the foundation for health and well-being. It is a time when many health behaviors are established, and it is a time when many health problems are first identified. Adolescence is a time when many health behaviors are established, and it is a time when many health problems are first identified.

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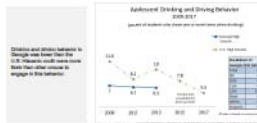
Healthy People 2020

Current Report: Alcohol Use	Next Report: Alcohol Use	15
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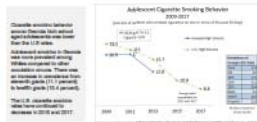
### Alcohol, Tobacco, and Substance Abuse



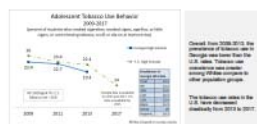
Between 2009 and 2017, adolescent binge drinking behavior decreased from 20.9 percent to 19.9 percent. The rate of binge drinking among students aged 12-17 decreased from 20.9 percent in 2009 to 19.9 percent in 2017. The rate of binge drinking among students aged 12-17 decreased from 20.9 percent in 2009 to 19.9 percent in 2017.



Current Report: Alcohol Use	Next Report: Alcohol Use	15
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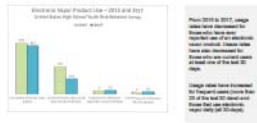


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Current Report: Alcohol Use	Next Report: Alcohol Use	15
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### Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) are electronic vapor products that deliver nicotine and other substances in the form of an aerosol. They are often marketed as 2007 and by 2010 they were the most commonly used tobacco product among U.S. youth.

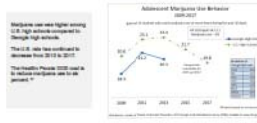


Between 2009 and 2017, adolescent e-cigarette use behavior decreased from 10.9 percent to 10.9 percent. The rate of e-cigarette use among students aged 12-17 decreased from 10.9 percent in 2009 to 10.9 percent in 2017. The rate of e-cigarette use among students aged 12-17 decreased from 10.9 percent in 2009 to 10.9 percent in 2017.

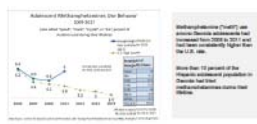
Current Report: Alcohol Use	Next Report: Alcohol Use	15
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### Illicit Drug Usage

Illicit drug usage is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. Over the 10 years of the study, the rate of illicit drug use among students aged 12-17 decreased from 10.9 percent in 2009 to 10.9 percent in 2017.



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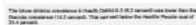
Current Report: Alcohol Use	Next Report: Alcohol Use	15
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The following table provides a comparison of different substance abuse behaviors among adolescents in Colquitt County compared to the State. It also shows the trend (up, flat or down) across the previous 10 years.

Output County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, electronic rage, cell use, prescription drug, and marijuana use behaviors compared to Georgia. Please refer to the "Community Risk" section of this report to read comments on other issues surrounding substance abuse among adolescents.

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.<sup>19</sup>



The following information is based on the 2000 U.S. Census. Percentages are based on the total population of the United States.

\* Early childhood medical care is very important among the underrepresented populations.

- Cedars-Sinai Medical Center
- <https://my.cedars-sinai.org/>
- 16

## HEALTHY PEOPLE 2020 REFERENCE – STD A, STD ?

Abstracts appear 10–20 minutes for nearly half of the 20 million case cases of sexually transmitted diseases each year.<sup>1</sup> *Chlamydia, gonorrhea, and syphilis* are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized, and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.<sup>2</sup> *Chlamydia, gonorrhea, and syphilis* can be successfully treated with antibiotics. Annual screenings for these infections are recommended for sexually active young adults.<sup>3</sup>

Digital reported rates of the highest STD rates in the country. Due to various social-economic reasons, U.S. STD rates are higher among black

**Why Is Sexually Transmitted Disease Prevention Important?**

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 12 million new STD infections each year—almost half of them occurring among people ages 15 to 24. In fact, 15% of STDs in the U.S. occur every year, and 50% of STDs are acquired & undetected by the age of 25. In the U.S. alone, annually:

- 100,000 people contract HIV, the virus that causes AIDS
- 100,000 people contract hepatitis B
- 100,000 people contract genital herpes
- 100,000 people contract gonorrhea
- 100,000 people contract syphilis
- 100,000 people contract chlamydia

And, unfortunately, these numbers are expected to increase in the future. In the United States:

- 10% of all new HIV infections occur among people ages 15 to 24
- 10% of all new hepatitis B infections occur among people ages 15 to 24
- 10% of all new gonorrhea infections occur among people ages 15 to 24
- 10% of all new syphilis infections occur among people ages 15 to 24
- 10% of all new chlamydia infections occur among people ages 15 to 24

Source: CDC, *Sexually Transmitted Diseases*, 2002

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, and there may be no symptoms. Chlamydia can lead to other complications that can cause pain, inflammation, disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to a child during vaginal delivery. Chlamydia can be diagnosed through laboratory tests.

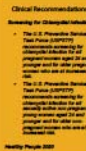


Table 10 Regional Medical Centers	Table 11 Study Design/Methods	40
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- Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the U.S. population.<sup>10</sup>
- Chlamydia infected with Mychard in the U.S. for reported gonorrhea cases in 2017.<sup>10</sup>



The divorce rate was significantly higher among Blacks compared to Whites and Hispanics in Cobb County and Georgia.

The Georgia suicide rate in 2017 rose 14.9 per 100,000 population.<sup>10</sup> The U.S. rate in 2017 rose 9.9 per 100,000 population.<sup>11</sup>



- In 2017, *Staph. aureus* represented the highest number of cases in HIV infections.<sup>40</sup>
- In 2017, *Staph. aureus* (skin and bones) accounted for 14 percent of case HIV infections.<sup>40</sup>
- In 2017, case HIV diagnoses were most prevalent among the 25-34 age group.<sup>40</sup>
- In 2017, both *Staph. aureus* and *Staphylococcus* accounted for 18 percent each of the case HIV infections.<sup>40</sup>



State and County-level case rates for HIV were not available for this report. The following chart shows hospital discharge rates for individuals with HIV in Georgia, and Cobb County.



\* There are a lot of people who get re-infected with HTLV. They do not see the big deal in getting re-infected and treated again.

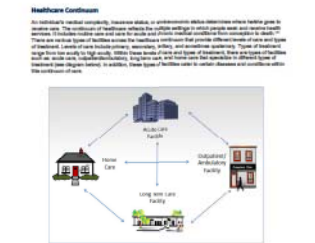




Georgia Health Assistance and Healthcare Programs

The Georgia Health Assistance and Healthcare Programs (GHAHP) are a collection of programs that provide financial assistance to eligible individuals and families. The programs are designed to help individuals and families pay for health care services, including hospital care, physician services, and other health care services. The programs are administered by the Georgia Department of Community Health.

- Medicaid:** Medicaid is a state-run health insurance program that provides coverage to eligible individuals and families. In Georgia, Medicaid is administered by the Georgia Department of Community Health. Eligibility for Medicaid is based on income, assets, and other factors. Medicaid covers a wide range of health care services, including hospital care, physician services, and other health care services.
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Accessing these facilities at the appropriate time is very important to the overall well-being of an individual.

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Mental Health

Cobb County has facilities outside the County that provide mental health and substance abuse services. The University of Georgia is a leading provider of mental health services in the state. The University of Georgia provides a wide range of mental health services, including individual therapy, group therapy, and family therapy. The University of Georgia also provides substance abuse treatment services. The University of Georgia is a leading provider of mental health services in the state.

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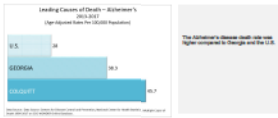
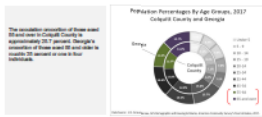
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## Senior Health



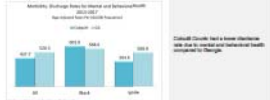
## COMMUNITY INPUT

The following input comments are based on feedback from Oglethorpe County community focus groups and the community survey.

- ### Hispanic Population and Migrant Farmworkers
- Hispanic has been making clinics that get into the home after hours get off work. They do primary care medicine and have conditions like asthma and more chronic.
  - The clinic get down to the point that will have more chronic. They will get down to the point that will have more chronic. They will get down to the point that will have more chronic.
  - Most of percent of the health department's patients are Hispanic.
  - There is a migrant farm clinic in Houston. You must be migrant farmworker in order to qualify. You must have a valid farmworker permit. You must pay with a valid farmworker permit.
  - The Houston Clinic has a transport van that helps women get to their prenatal appointments.
  - The Hispanic population is a large population in this community. They are in very poor health and a lot of chronic. There is a group of more chronic and chronic in the Hispanic population.
  - The migrant farmworker comes from the south of Ohio to start being health insurance to all the migrant farmworkers.

## COMMUNITY INPUT

Mental and Behavioral Health  
Mental and behavioral health conditions include depression, anxiety, bipolar disorder, schizophrenia, and other serious mental illnesses. Mental health conditions are often linked to physical health conditions, such as heart disease, diabetes, and other chronic conditions.



## COMMUNITY INPUT

The following input comments are based on feedback from Oglethorpe County community focus groups and the community survey.

- ### Mental and Behavioral Health
- There is a need for more mental health facilities.
  - The hospital faces barriers to getting released for psychiatric treatment since it is not a psychiatric hospital.
  - There is a substance abuse issue in Oglethorpe County. There are a lot of people that need help. It takes six months to a year to get them help.

## COMMUNITY INPUT

- ### Mental and Behavioral Health
- Substance abuse leads into other issues and forms of child neglect.
  - About 75-85 percent of substance abuse do not have health insurance.
  - During Point (Behavioral Health) has low levels for Medicaid patients.
  - There is a lack of knowledge of getting mental health help before it is too late. Individuals do not know the approach.
  - There is a need for a mental health center in Houston. The closest one is in Houston.
  - There is a need for more original treatment options in Oglethorpe County for mental and behavioral health.

## COMMUNITY INPUT

## PRIORITIES

### About Community Input

Focus group participants generated the following health priorities, based on the nature of health status, their own experience, and their group discussion.

The group input is a summary of the input from the group discussion. It is not a list of priorities. During the meeting, participants were asked to discuss what health issues they felt were of priority to the community. During the meeting, the facilitator recorded the health issues in a group of health issues. After the meeting, the facilitator provided the list of health issues to the group. The group discussed the health issues and the group agreed on the list of health issues.

Each participant was given a card to write the top three health issues they felt were of priority to the community. The facilitator recorded the health issues in a group of health issues. After the meeting, the facilitator provided the list of health issues to the group. The group discussed the health issues and the group agreed on the list of health issues.

After participants placed their cards on the health issues, the facilitator asked the group to discuss the health issues. The facilitator asked the group to discuss the health issues and the group agreed on the list of health issues.

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## COMMUNITY INPUT

Two community focus group meetings were conducted in May 13th and May 14th, 2018.

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The following issues were identified as 'priority' needs by the community participants. The findings are listed in the order of priority.

- [illegible]

In determining the priority health needs of the community, the Community Health Needs Assessment (CHNA) staff discuss the observations, comments, and priorities resulting from the community meetings, stakeholder interviews, and secondary data gathered concerning health status of the community. The CHNA debated the needs or values of the community's priorities, considering the resources available to meet these needs. The following questions were considered by the CHNA in making the priority decisions:

- Do community members recognize this as a priority issue?
- How many problems are affected by this problem (not community)?
- What percentage of the population is affected?
- Is the number of affected persons growing?
- Is the problem greater in one community than in other communities, the state, or region?
- What happens if the budget does not address the problem?
- Is the problem getting worse?
- Is the problem an underlying cause of other problems?

After carefully reviewing the observations, comments and profiles of the community, as well as the secondary health data presented, the CHC identified the following profiles:

- Mental and Behavioral Health/Wellness Issues
- Access to Care/Transportation
- Lifestyle and Obesity
- Adolescent Health

Colquhoun Regional Medical Center's Board approved the primary health needs assessment through a board vote on May 26, 2010.

Catalyst Regional Medical Center would like to thank all 104 individuals who participated and for their generous contribution of time and effort in making The Community Health Assessment (CHA) a success. Their positive provided valuable insight into the health needs of the general community, as well as to specific vulnerable population groups. Community participation included participating in one of the three one-on-one key informant interviews or attending one of the two focus group held in May 2019. There were over 42 community participants who attended these events.

**Site:** special events in College Regional Medical Center's Community Health Needs Assessment Meeting

Joe Mathews - President and CEO

**Karen Anderson**—Director, National Child Services

William Cullen, Director, Patient Satisfaction

Justin Jordan, Compliance Officer and Internal Auditor

Rudi Thoen: 244  
 Cornelia Thoen: 244  
 Cornelia Thoen: 244

**Share With:** [Add Your Preferred Home Care Services](#)

**Dana Diller** - Vice President and Chief Funding Officer

Cooper's Regional Medical Center and the CHRC help form our community. No more steel doors were shared during

Our commitment to safety has been made more meaningful by the problem. The Union will be improving its efforts to help understand the community's health needs. We look forward to working together on the activities and programs that will be designed to help address the health needs of our community.

In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

Joseph H. Berger, MD  
17 Sunset Bay Court  
Menlo Park, CA 94025  
319-957-1072

320 West Harvard  
Thousand Oaks, CA 91320  
805-338-4555

Frederick Powell, MD  
New Bedford, MA  
and Logan D., MD  
1731 South Main Street  
Boston, MA 02126

South Georgia Audiology and Hearing Center  
 66 East Macon, 2nd  
 1 Street Bay Court  
 Marietta, GA 30066

Earling Group Ltd, Hove, and Throat  
Latter Ltd, Ltd, Ltd  
Hospital Ltd  
Health, Ltd Ltd  
www.earling.com

1254-491X(200605)24:5;1-12

Today's Regional Medical Center	1990
1990	1990

Joseph McDermid, Esq.

27 2<sup>nd</sup> Avenue S.E.  
Seattle, WA 98104  
206-462-2277 (fax)

Magnum Health Services, Inc.  
2011 Veterans Parkway  
Boulder, CO 80501  
303-440-2260

Builders Supply  
 625 W. Ave. 12  
 Merrill, Wis. 53760  
 (202) 400-0212

Colfax & County Health Department  
214 West Central Avenue  
Needles, CA 92365  
(951) 965-6462

American Red Cross  
1-800-870-6308  
1-800-775-2767  
[www.redcross.org](http://www.redcross.org)

BIOGRAPHIC RESOURCES		
<p>Bioethics Information  <a href="http://www.bioethicsinfo.com">www.bioethicsinfo.com</a></p>	<p>La Salle League of the Middle  404-661-6100</p>	
CAR SEAT RESOURCES AND SAFETY		
<p>Starting Center Women's Health  225-662-0198  New Child Seats Given with Complimentary Car Seat</p>	<p>Car Seat Installation: Available Public Department  225-662-0122 (ask for an officer with the car seat installation)</p>	
CARDIOLOGY		
<p>Lawrence Fleming, MD  1000 N. Hwy. 101  Hawthorne, La. 70634  225-662-1600</p>	<p>Robert L. Lott, MD  Hawthorne Medical Center  1111 N. Highway 101  Hawthorne, La. 70634  225-662-0000</p>	
CANCER SUPPORT SERVICES		
<p>Available Oncology Support Team (601.6.1.71)  Cancer Support Services  1000 N. Highway 101  Hawthorne Medical Center  Hawthorne, La. 70634  225-662-0000</p>	<p>Uma Strong  INCA  225-662-1154</p>	

CHILDREN & FAMILY SUPPORT SERVICES		
<p>At-Home  407-220-0200  Emergency Division of Children and Family Services  407-220-0200</p>	<p>Langley County NHS  445 S. Apple Street, Ste. 2  Bismarck, North Dakota 58103  225-662-0000</p>	
FAMILY MEDICINE CLINICS		
<p>Starting Strong Primary Care  1000 N. Hwy. 101  Hawthorne, La. 70634  225-662-0000</p>	<p>Northwest Family Medicine  111 S. Apple Street  Hawthorne, La. 70634  225-662-0000</p>	
<p>Starting Strong NHS (NHS)  1000 N. Hwy. 101  Hawthorne, La. 70634  225-662-0000</p>	<p>Northwest Family Medicine Center  111 S. Apple Street  Hawthorne, La. 70634  225-662-0000</p>	
CLOTHING RESOURCES		
<p>Shelton, Jerry  www.sheltonjerry.com</p>	<p>Shelton, Jerry  100 N. Hwy. 101  Hawthorne, La. 70634  225-662-0000</p>	

CHILDREN & FAMILY SUPPORT SERVICES		
<p>At-Home  407-220-0200  Emergency Division of Children and Family Services  407-220-0200</p>	<p>Langley County NHS  445 S. Apple Street, Ste. 2  Bismarck, North Dakota 58103  225-662-0000</p>	
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CLOTHING RESOURCES		
<p>Shelton, Jerry  www.sheltonjerry.com</p>	<p>Shelton, Jerry  100 N. Hwy. 101  Hawthorne, La. 70634  225-662-0000</p>	

CHILDREN & FAMILY SUPPORT SERVICES		
<p>At-Home  407-220-0200  Emergency Division of Children and Family Services  407-220-0200</p>	<p>Langley County NHS  445 S. Apple Street, Ste. 2  Bismarck, North Dakota 58103  225-662-0000</p>	
FAMILY MEDICINE CLINICS		
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<p>Starting Strong NHS (NHS)  1000 N. Hwy. 101  Hawthorne, La. 70634  225-662-0000</p>	<p>Northwest Family Medicine Center  111 S. Apple Street  Hawthorne, La. 70634  225-662-0000</p>	
CLOTHING RESOURCES		
<p>Shelton, Jerry  www.sheltonjerry.com</p>	<p>Shelton, Jerry  100 N. Hwy. 101  Hawthorne, La. 70634  225-662-0000</p>	







#### PODIATRY

Dr. Patricia K.S.  
Certification: Podiatry  
Chiropractic, Acupuncture  
Mesa, AZ 85204  
202-955-1000

#### PODIATRISTS

LINK TO THE WEBSITE BELOW FOR A COMPLETE  
LISTING  
<https://www.aafp.org/press-room/press-releases/2019/04/24/aafp-2019-04-24-01>

#### PODIATRIC SURGERY

John & Paul Aboukhan, LLC  
Dr. Paul Aboukhan, DPM  
Tucson, AZ 85704  
202-955-1000

#### PHYSICAL THERAPY / REHABILITATION SERVICES

Veronica Rehabilitation Services  
1000 West McDowell Blvd  
Mesa, AZ 85204  
[www.veronicarehab.com](http://www.veronicarehab.com)

Regional Therapy Services  
1000 West McDowell Blvd  
Mesa, AZ 85204  
[www.regionaltherapy.com](http://www.regionaltherapy.com)

#### Podiatry Regional Medical Center

Mesa Podiatry Regional Center

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#### POSTPARTUM DEPRESSION

Deborah Clark, MD  
202-955-1000  
[www.deborahclarkmd.com](http://www.deborahclarkmd.com)

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
[www.postpartum.org](http://www.postpartum.org)

Maternal  
[www.postpartum.org](http://www.postpartum.org)

National Women's Health Information Center  
1000 West McDowell Blvd  
Mesa, AZ 85204  
[www.womenshealth.gov](http://www.womenshealth.gov)

#### PROSTHETIC SERVICES

Central Prosthetics and Orthotics  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### PUBLIC LIBRARIES

Mesa-Capitol County Library  
1000 West McDowell Blvd  
Mesa, AZ 85204

Central Regional Library  
1000 West McDowell Blvd  
Mesa, AZ 85204

#### PODEROLOGY

Michael Brown, MD  
Mesa Podiatry, PA  
Tucson, AZ 85704  
202-955-1000

#### Podiatry Regional Medical Center

Mesa Podiatry Regional Center

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#### RAIOLOGY

James R. Smith, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Regional Podiatry Services  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### RECREATION

Ray & Rick City of Mesa-Capitol County  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Mesa City  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Mesa-Capitol County Art Center  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Department of Capitol County History  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### REHABILITATION

Michael Brown, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Maternal  
[www.postpartum.org](http://www.postpartum.org)

National Women's Health Information Center  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Regional Therapy Services  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Veronica Rehabilitation Services  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### Podiatry Regional Medical Center

Mesa Podiatry Regional Center

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#### REHABILITATION

Michael Brown, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Maternal  
[www.postpartum.org](http://www.postpartum.org)

National Women's Health Information Center  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### SAFETY

Deborah Clark, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Maternal  
[www.postpartum.org](http://www.postpartum.org)

National Women's Health Information Center  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### SLEEP DIAGNOSTICS

The Sleep Diagnostic Unit  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### SLEEPING COGNITION

Deborah Clark, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### Podiatry Regional Medical Center

Mesa Podiatry Regional Center

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#### SPEECH PATHOLOGY

Central Regional Speech Pathology and  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### SPINE SPECIALISTS

Michael Brown, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### SPORTS MEDICINE

Michael Brown, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### TEEN PREGNANCY SUPPORT

Michael Brown, MD  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

Postpartum Support International  
1000 West McDowell Blvd  
Mesa, AZ 85204  
202-955-1000

#### Podiatry Regional Medical Center

Mesa Podiatry Regional Center

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## TRANSPORTATION

Logistics: Medical only and Medical Transport only  
1-800-224-7965

M&M Transportation  
(appointments for Colquhoun County appointments  
made from 8-11:00 am)  
770-985-1462

Colquhoun Regional Medical Center - Medical Transport  
only  
Private Pay: 320-891-4332  
2407 E. Main St.  
Moultrie, GA 31768  
320-693-1444  
<http://mcrgc.org/transportation>  
Provides contracted and public transportation

**UROLOGY**

Whiston Willing, MD  
Anthony Davis, Jr., PhD  
Sterling Cancer Surgery and Medicine  
4150 Oak Court  
Boulder, CO 80508  
303.440.3400

## UROGYNECOLOGY

Chen WJ, MD  
Cassidy J, PhD  
Bruce Stone, PhD  
Darling Cancer Surgery and Medicine  
Ellen Gell Court  
Houston, TX 77030

### UNIFORMS

Uniform Works  
113 E. 12<sup>th</sup> Street  
Tulsa, OK 74104  
202-363-6707

Calicut Regional Medical Center <http://calicutrmdc.com/>

## ENDNOTES

[illegible]

Coloyle Regional Medical Center <http://www.coloyle.com/>

[illegible]Cedars-Sinai Regional Medical Center <https://cedars-sinai.org/> 5[illegible]

Table 1. Regional Studies of Interest	Major Findings of Regional Studies
<p>1. <i>Regional Studies of Interest</i></p> <p>2. <i>Major Findings of Regional Studies</i></p>	<p>3. <i>Major Findings of Regional Studies</i></p>



Origination: 01/2007  
Last Approved: 09/2019  
Last Revised: 11/2017  
Next Review: 09/2021  
Owner: *Samantha Allen: Director of Patient Financial Services*  
Policy Area: *PFS*  
References:

## Collection/Bad Debt Policy, 340.23

### PURPOSE:

To collect any outstanding patient liability due Colquitt Regional Medical Center through the use of an Extended Business Office "Early Out" efforts and/or Bad Debt Collection Agencies.

### PROCEDURE:

- A. Colquitt Regional Medical Center sends bills for all services after Final Bill status has been established in Meditech Accounts Receivables. The bills are either submitted to a third party payer for services or to the Extended Business Office. A summary bill of all inpatient accounts are sent to patients for information only.
- B. The Extended Business Office receives all accounts that are due from the patient. This liability can either be "True Self Pay"-no third party coverage or "Balance After Insurance"-patient liability after third party payment.
- C. The Extended Business Office will actively attempt to collection through the use of statements and phone calls. A total of three statements will be mailed given a payment plan in not set up. In addition to statements, three phone calls will go out to client. All collections efforts will continue for 120 days from date of placement.
- D. For accounts that are not resolved, paid in full, or on an active payment plan are returned to the facility for Bad Debt Collection efforts.
- E. Our Bad Debt Collection agencies will attempt to collect owed debt for 365 days from placement through the use of letters, statements, phone calls, and legal actions unless certain circumstances warrant an earlier close such as patient is confirmed deceased, patient files bankruptcy, balance is less than \$15.00, patient moves to no collect state, client request close, and agency attorney advises to close account.
- F. If after 365 days of placement with our Bad Debt Agencies, the accounts that are still unresolved are deemed uncollectible and returned to the facility. These accounts are adjusted to a zero balance and written off as Bad Debt uncollectible.
- G. Medicare accounts that are deemed uncollectible are reviewed for possible submission on the Medicare Cost Report Medicare Bad Debt Log. To be included on the report, the amount deemed uncollectible must be a covered service by CMS guidelines which include the patient's deductibles and coinsurance.
- H. Once deemed allowable for the Medicare Bad Debt Log, the following information is obtained and logged:  
Patient Name

HIC Number  
Date of Service  
Whether patient has been deemed Indigent  
Date of First Bill  
Date of Bad Debt Write Off  
Remittance Date  
Deductible and/or Coinsurance Amounts  
Total Recoveries.

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Shamb Purohit: CFO	09/2019
Samantha Allen: Director of Patient Financial Services	09/2019

COPY

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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet S  
Parts I-III  
Date/Time Prepared:  
2/27/2020 11:44 am

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/27/2020	Time: 11:44 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input type="checkbox"/> 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 COLQUITT REGIONAL MEDICAL CENTER ( 11-0105 ) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 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) SHAMB PUROHIT

Officer or Administrator of Provider(s)

CFO

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	
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00	Hospital	0	-524,689	52,939	0	2,213,726	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0	0	0	3.00
5.00	Swing bed - SNF	0	232	0	0	0	5.00
6.00	Swing bed - NF	0			0	0	6.00
10.00	RURAL HEALTH CLINIC I	0		31,252	0	0	10.00
200.00	Total	0	-524,457	84,191	0	2,213,726	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: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 11:44 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3131 SOUTH MAIN STREET			PO Box: 40				1.00		
2.00	City: MOULTRIE			State: GA		Zip Code: 31768-		County: COLQUITT 2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		COLQUITT REGIONAL MEDICAL CENTER	110105	99911	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		COLQUITT REGIONAL MEDICAL CENTER SWB	11U105	99911		04/16/2013	N	P	N
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		CRMC HOSPICE	111542	99911		07/15/1998			14.00
15.00	Hospital-Based Health Clinic - RHC		COLQUITT REGIONAL RHC	113422	99911		03/01/1995	N	O	O
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis		COLQUITT REGIONAL DIALYSIS UNIT	112314	99911		01/01/2004			18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2018		09/30/2019		20.00
21.00	Type of Control (see instructions)					9				21.00
						1.00		3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 11:44 am	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
		1.00	2.00	3.00	4.00	5.00	6.00
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.	2,480	262	0	0	1,752	0
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	
						Urban/Rural	Date of Geogr
						1.00	2.00
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2	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.					2	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.					1	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.					10/01/2018	09/30/2019
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
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
						V	XVIII
						1.00	2.00
						XIX	
						3.00	
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N	
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	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 11:44 am	
			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 §413.85? (see instructions)		N				60.00	
			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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
					1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 11:44 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	625,619	145,661	692,976	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.	Y			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.	Y		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
<b>Transplant Center Information</b>					
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	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				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
<b>All Providers</b>					
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)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 11:44 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00 Name:		Contractor's Name:				Contractor's Number:			
142.00 Street:		PO Box:							
143.00 City:		State:				Zip Code:			
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								N	Y
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								N	146.00
								1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00 Hospital				N	N	N	N		
156.00 Subprovider - IPF				N	N	N	N		
157.00 Subprovider - IRF				N	N	N	N		
158.00 SUBPROVIDER									
159.00 SNF				N	N	N	N		
160.00 HOME HEALTH AGENCY				N	N	N	N		
161.00 CMHC					N	N	N		
								1.00	
Multi campus									
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									
						1.00	2.00		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/27/2020 11:44 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	01/27/2020	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.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	01/22/2020	Y	01/22/2020
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
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	
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	

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				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.	BERT	BENNETT		41.00
42.00	Enter the employer/company name of the cost report preparer.	DRAFFIN & TUCKER, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	229-883-7878	BBENNETT@DRAFFIN-TUCKER.COM		43.00



## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CPA/PARTNER	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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Component		Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
						Title V	
1.00		30.00	84	30,660	0.00	0	1.00
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)						
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)		84	30,660	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10	3,650	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)		94	34,310	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	116.00	35	12,775			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		129				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)		4	1,460			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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,435	990	17,512			1.00
2.00	HMO and other (see instructions)	4,664	2,014				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	529	0	529			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	1,361			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,964	990	19,402			7.00
8.00	INTENSIVE CARE UNIT	1,350	1,101	2,601			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		250	1,103			13.00
14.00	Total (see instructions)	8,314	2,341	23,106	10.23	1,066.26	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	9,708	852	12,314	0.00	14.26	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	1,607	94	10,599	0.00	11.17	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)				10.23	1,091.69	27.00
28.00	Observation Bed Days		262	3,665			28.00
29.00	Ambulance Trips	131					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	139	161			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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Component		Full Time Equivalents	Discharges			Total All Patients	
			Title V	Title XVIII	Title XIX		
		Nonpaid Workers	11.00	12.00	13.00	14.00	15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,657	540	4,796	1.00
2.00	HMO and other (see instructions)			975	721		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	1,657	540	4,796	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	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	62,950,879	0	62,950,879	2,217,822.00	28.38
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	718,726	718,726	4,987.67	144.10
5.00	Physician and Non Physician-Part B		0	402,927	402,927	4,171.00	96.60
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		446,845	0	446,845	19,056.00	23.45
7.00	Interns & residents (in an approved program)	21.00	1,302,614	-669,973	632,641	21,907.54	28.88
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)		11,497,212	-297,420	11,199,792	509,967.00	21.96
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		166,560	0	166,560	930.00	179.10
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		0	0	0	0.00	0.00
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		11,037,534	0	11,037,534		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,462,162	0	2,462,162		
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		0	0	0		
22.01	Physician Part A - Teaching		158,065	0	158,065		
23.00	Physician Part B		88,377	0	88,377		
24.00	Wage-related costs (RHC/FQHC)		98,272	0	98,272		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	590,654	0	590,654	15,601.00	37.86
27.00	Administrative & General	5.00	12,696,492	40,839	12,737,331	378,119.00	33.69

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

	Wkst. A Line Number	Amount Reported	Recl assi fi cati on 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	
28.00	Administrative & General under contract (see inst.)	314,473	0	314,473	1,824.00	172.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,098,433	0	1,098,433	60,686.00	18.10	30.00
31.00	Laundry & Linen Service	47,941	0	47,941	3,833.00	12.51	31.00
32.00	Housekeeping	968,440	0	968,440	77,929.00	12.43	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	843,479	-517,535	325,944	22,831.00	14.28	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	517,535	517,535	36,251.00	14.28	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	639,779	370,944	1,010,723	21,188.00	47.70	38.00
39.00	Central Services and Supply	596,008	-207,108	388,900	21,155.00	18.38	39.00
40.00	Pharmacy	1,318,314	0	1,318,314	36,618.00	36.00	40.00
41.00	Medical Records & Medical Records Library	326,084	0	326,084	19,730.00	16.53	41.00
42.00	Social Service	137,887	0	137,887	8,707.00	15.84	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part III  
Date/Time Prepared:  
2/27/2020 11:44 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	61,515,893	-451,680	61,064,213	2,169,523.79	28.15	1.00
2.00	Excluded area salaries (see instructions)	11,497,212	-297,420	11,199,792	509,967.00	21.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,018,681	-154,260	49,864,421	1,659,556.79	30.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	166,560	0	166,560	930.00	179.10	4.00
5.00	Subtotal wage-related costs (see inst.)	11,037,534	0	11,037,534	0.00	22.14	5.00
6.00	Total (sum of lines 3 thru 5)	61,222,775	-154,260	61,068,515	1,660,486.79	36.78	6.00
7.00	Total overhead cost (see instructions)	19,577,984	204,675	19,782,659	704,472.00	28.08	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part IV  
Date/Time Prepared:  
2/27/2020 11:44 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,323,348	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	81,600	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)	5,581,855	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,286	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)	41,366	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	443,160	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	4,193,752	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	5,137	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	114,876	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,844,380	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00



## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet S-3  
Part V  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	13,844,380	1.00
2.00	Hospital	0	11,195,362	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	0	155,883	13.00
14.00	Hospital-Based Health Clinic RHC	0	186,885	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	2,306,250	18.00

## HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet S-5

Date/Time Prepared:  
2/27/2020 11:44 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	85	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00	0.00	0.00	3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	26	0	0	0			6.00	
7.00	Treatment capacity per day per station	2	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	4	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						6	11.00	
12.00	Number of patients transplanted during the cost reporting period						0	12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	0	0	0	0	22.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet S-5

Date/Time Prepared:  
2/27/2020 11:44 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet S-7

Date/Time Prepared:  
2/27/2020 11:44 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	04/16/2013		2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	10	10 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	52	52 20.00
21.00		RMC	0	7	7 21.00
22.00		RMB	0	46	46 22.00
23.00		RMA	0	154	154 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	24	24 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	23	23 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	89	89 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	10	10 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	5	5 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	20	20 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	53	53 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet S-7

Date/Time Prepared:  
2/27/2020 11:44 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	6	6	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	30	30	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	529	529	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99911	99911	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 11-0105				Period: From 10/01/2018 To 09/30/2019		Worksheet S-8	
Component CCN: 11-3422				Date/Time Prepared: 2/27/2020 11:44 am			
				RHC I		Cost	
				1.00			
Clinic Address and Identification							
1.00	Street			3131 SOUTH MAIN STREET			1.00
			City	State	ZIP Code		
			1.00	2.00	3.00		
2.00	City, State, ZIP Code, County			MOULTRIE GA 31768			2.00
							1.00
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban						0 3.00
				Grant Award		Date	
				1.00		2.00	
Source of Federal Funds							
4.00	Community Health Center (Section 330(d), PHS Act)						4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)						5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)						6.00
7.00	Appalachian Regional Commission						7.00
8.00	Look-Alikes						8.00
9.00	OTHER (SPECIFY)						9.00
9.01	OTHER (SPECIFY)						9.01
9.02	OTHER (SPECIFY)						9.02
9.03	OTHER (SPECIFY)						9.03
9.04	OTHER (SPECIFY)						9.04
9.05	OTHER (SPECIFY)						9.05
9.06	OTHER (SPECIFY)						9.06
9.07	OTHER (SPECIFY)						9.07
9.08	OTHER (SPECIFY)						9.08
9.09	OTHER (SPECIFY)						9.09
9.10	OTHER (SPECIFY)						9.10
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0 10.00	
			Sunday		Monday		Tuesday
			from	to	from	to	from
			1.00	2.00	3.00	4.00	5.00
Facility hours of operations (1)							
11.00	CLINIC			08:30		17:30 08:30	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N		0 13.00	
				Provider name		CCN number	
				1.00		2.00	
14.00	RHC/FQHC name, CCN number					14.00	
			Y/N	V	XVIII	XIX	Total Visits
			1.00	2.00	3.00	4.00	5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00

## HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet S-8	
				Component CCN: 11-3422				Date/Time Prepared: 2/27/2020 11:44 am	
						RHC I		Cost	
				County					
				4.00					
2.00	City, State, ZIP Code, County			COLQUITT				2.00	
			Tuesday		Wednesday		Thursday		
			to		from to		from to		
			6.00		7.00 8.00		9.00 10.00		
11.00	Facility hours of operations (1) CLINIC			17:30	08:30	17:30	08:30	17:30	11.00
			Friday		Saturday				
			from to		from to				
			11.00 12.00		13.00 14.00				
11.00	Facility hours of operations (1) CLINIC			08:30	13:00				11.00

## HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 11-0105

Period:

Worksheet S-9

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019PARTS I THROUGH IV  
Date/Time Prepared:  
2/27/2020 11:44 am

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,596	852	1,866	12,314	11.00
12.00	Hospice Inpatient Respite Care	30	0	5	35	12.00
13.00	Hospice General Inpatient Care	13	0	8	21	13.00
14.00	Total Hospice Days	9,639	852	1,879	12,370	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00



HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/27/2020 11:44 am	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.273600	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			11,096,226	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?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			3,295,856	5.00
6.00	Medicaid charges			48,791,713	6.00
7.00	Medicaid cost (line 1 times line 6)			13,349,413	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
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP			180,377	9.00
10.00	Stand-alone CHIP charges			1,046,602	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			286,350	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			105,973	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)			105,973	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,593,378	1,898,908	9,492,286	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,077,548	1,898,908	3,976,456	21.00
22.00	Payments received from patients for amounts previously written off as charity care	25,738	59,522	85,260	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,051,810	1,839,386	3,891,196	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)			30,650,287	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			791,627	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,217,888	27.01
28.00	Non-Medicare bad debt expense (see instructions)			29,432,399	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,478,965	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,370,161	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,476,134	31.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		4,182,000	4,182,000	1,489,630	5,671,630	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		4,777,334	4,777,334	1,086,244	5,863,578	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	590,654	7,901,783	8,492,437	1,258,475	9,750,912	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,696,492	14,875,061	27,571,553	-741,623	26,829,930	5.00
7.00	00700	OPERATION OF PLANT	1,098,433	4,320,968	5,419,401	-24,902	5,394,499	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,941	593,286	641,227	0	641,227	8.00
9.00	00900	HOUSEKEEPING	968,440	266,008	1,234,448	-31,532	1,202,916	9.00
10.00	01000	DIETARY	843,479	711,563	1,555,042	-956,020	599,022	10.00
11.00	01100	CAFETERIA	0	0	0	954,130	954,130	11.00
13.00	01300	NURSING ADMINISTRATION	639,779	195,109	834,888	370,944	1,205,832	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	596,008	151,873	747,881	-255,040	492,841	14.00
15.00	01500	PHARMACY	1,318,314	4,590,813	5,909,127	-225,667	5,683,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	326,084	146,537	472,621	-6,381	466,240	16.00
17.00	01700	SOCIAL SERVICE	137,887	11,632	149,519	0	149,519	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,302,614	0	1,302,614	-669,973	632,641	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	479,607	479,607	718,726	1,198,333	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,998,565	1,812,450	12,811,015	-723,253	12,087,762	30.00
31.00	03100	INTENSIVE CARE UNIT	1,884,348	172,692	2,057,040	-1,614	2,055,426	31.00
43.00	04300	NURSERY	1,230	2,615	3,845	327,092	330,937	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,915,586	2,900,699	4,816,285	-1,624,618	3,191,667	50.00
51.00	05100	RECOVERY ROOM	396,941	36,055	432,996	0	432,996	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,474	1,474	379,489	380,963	52.00
53.00	05300	ANESTHESIOLOGY	1,818,129	1,667,292	3,485,421	18,453	3,503,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,104,230	1,074,565	3,178,795	-418,193	2,760,602	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	179,388	185,565	364,953	0	364,953	54.01
57.00	05700	CT SCAN	600,992	231,388	832,380	0	832,380	57.00
60.00	06000	LABORATORY	1,780,554	1,571,491	3,352,045	-35,475	3,316,570	60.00
65.00	06500	RESPIRATORY THERAPY	967,216	170,985	1,138,201	-24,272	1,113,929	65.00
66.00	06600	PHYSICAL THERAPY	1,683,162	375,536	2,058,698	-40,854	2,017,844	66.00
69.00	06900	ELECTROCARDIOLOGY	928,253	766,015	1,694,268	-187,207	1,507,061	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,680,158	11,680,158	0	11,680,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,965,009	1,965,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,544,639	4,544,639	-476,688	4,067,951	73.00
74.00	07400	RENAL DIALYSIS	953,447	417,845	1,371,292	475,554	1,846,846	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	446,845	293,003	739,848	424,120	1,163,968	88.00
90.00	09000	CLINIC	651,490	1,666,156	2,317,646	-23,038	2,294,608	90.00
90.01	09001	URGENT CARE	0	5,277	5,277	-486	4,791	90.01
90.02	09002	CLINIC	685,319	337,580	1,022,899	-289,158	733,741	90.02
91.00	09100	EMERGENCY	2,891,847	1,046,551	3,938,398	130	3,938,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,306,347	293,771	1,600,118	-36,771	1,563,347	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,320,530	1,320,530	-1,320,530	0	113.00
116.00	11600	HOSPICE	708,804	465,047	1,173,851	-135,864	1,037,987	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,468,818	76,242,953	129,711,771	1,218,837	130,930,608	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,929	55,556	157,485	-177	157,308	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,532,363	18,048,622	23,580,985	-730,615	22,850,370	192.00
194.00	07950	CRH	426,076	508,128	934,204	-934,204	0	194.00
194.01	07951	HOME HEALTH	1,273,072	358,526	1,631,598	4,279	1,635,877	194.01
194.02	07952	COMM CARE	385,871	97,439	483,310	0	483,310	194.02
194.03	07953	FOUNDATION	144,334	123,362	267,696	0	267,696	194.03
194.04	07954	TRANSPORT	260,109	128,052	388,161	0	388,161	194.04
194.05	07955	PRIVATE DUTY NURSING	340,587	55,925	396,512	-3,181	393,331	194.05
194.06	07956	PUBLIC RELATIONS	0	0	0	542,658	542,658	194.06
194.07	07957	KIRK CLINIC	838,868	1,630,762	2,469,630	-85,333	2,384,297	194.07
194.08	07958	NORMAN PARK FM CLINIC	178,852	123,816	302,668	-12,264	290,404	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	361,501	361,501	0	361,501	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	62,950,879	97,734,642	160,685,521	0	160,685,521	200.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet A  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-192,902	5,478,728	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-38,722	5,824,856	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-79,977	9,670,935	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,751,380	23,078,550	5.00
7.00	00700	OPERATION OF PLANT	-22,698	5,371,801	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	641,227	8.00
9.00	00900	HOUSEKEEPING	0	1,202,916	9.00
10.00	01000	DIETARY	0	599,022	10.00
11.00	01100	CAFETERIA	-778,941	175,189	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,205,832	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	492,841	14.00
15.00	01500	PHARMACY	0	5,683,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,534	464,706	16.00
17.00	01700	SOCIAL SERVICE	0	149,519	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	632,641	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-187,772	1,010,561	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-808,469	11,279,293	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,055,426	31.00
43.00	04300	NURSERY	0	330,937	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,191,667	50.00
51.00	05100	RECOVERY ROOM	0	432,996	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	380,963	52.00
53.00	05300	ANESTHESIOLOGY	-1,398,331	2,105,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,000	2,755,602	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	364,953	54.01
57.00	05700	CT SCAN	0	832,380	57.00
60.00	06000	LABORATORY	0	3,316,570	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,113,929	65.00
66.00	06600	PHYSICAL THERAPY	-52,491	1,965,353	66.00
69.00	06900	ELECTROCARDIOLOGY	-148,428	1,358,633	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,680,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,965,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-947,767	3,120,184	73.00
74.00	07400	RENAL DIALYSIS	0	1,846,846	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	1,163,968	88.00
90.00	09000	CLINIC	-623,684	1,670,924	90.00
90.01	09001	URGENT CARE	0	4,791	90.01
90.02	09002	CLINIC	0	733,741	90.02
91.00	09100	EMERGENCY	-770,208	3,168,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,563,347	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,037,987	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,808,304	121,122,304	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	157,308	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-130	22,850,240	192.00
194.00	07950	CRH	0	0	194.00
194.01	07951	HOME HEALTH	0	1,635,877	194.01
194.02	07952	COMM CARE	0	483,310	194.02
194.03	07953	FOUNDATION	0	267,696	194.03
194.04	07954	TRANSPORT	0	388,161	194.04
194.05	07955	PRIVATE DUTY NURSING	0	393,331	194.05
194.06	07956	PUBLIC RELATIONS	0	542,658	194.06
194.07	07957	KIRK CLINIC	0	2,384,297	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	290,404	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	361,501	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,808,434	150,877,087	200.00

## RECLASSIFICATIONS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-6

Date/Time Prepared:  
2/27/2020 11:44 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	517,535	436,595		1.00
	O		517,535	436,595		
	B - RENTAL EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	730,199		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	O		0	730,199		
	C - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,237,297		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	83,233		2.00
	O		0	1,320,530		
	D - CENTRAL STERILE					
1.00	ADULTS & PEDIATRICS	30.00	3,848	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	43	0		2.00
3.00	NURSERY	43.00	166	0		3.00
4.00	OPERATING ROOM	50.00	158,968	0		4.00
5.00	ANESTHESIOLOGY	53.00	19,230	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	72	0		6.00
7.00	RESPIRATORY THERAPY	65.00	43	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	238	0		8.00
9.00	CLINIC	90.00	12,495	0		9.00
10.00	EMERGENCY	91.00	130	0		10.00
11.00	CLINIC	90.02	22	0		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,853	0		12.00
	O		207,108	0		
	E - CLINIC					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	31,019		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	19,992		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	407,615		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	24,224	27,197		4.00
5.00	RURAL HEALTH CLINIC	88.00	401,852	22,305		5.00
	O		426,076	508,128		
	F - NURSING ADMIN					
1.00	NURSING ADMINISTRATION	13.00	370,944	0		1.00
	O		370,944	0		
	G - LABOR AND DELIVERY AND NURSERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	338,665	40,824		1.00
2.00	NURSERY	43.00	291,756	35,170		2.00
	O		630,421	75,994		
	I - PUBLIC RELATIONS					
1.00	PUBLIC RELATIONS	194.06	112,524	430,134		1.00
	O		112,524	430,134		
	J - EPOITIN					
1.00	RENAL DIALYSIS	74.00	0	476,688		1.00
	O		0	476,688		
	K - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	221,314		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	252,820		2.00

## RECLASSIFICATIONS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-6

Date/Time Prepared:  
2/27/2020 11:44 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	474,134	
L - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,965,009	1.00
	PATIENT				
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			0	1,965,009	
M - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	850,860	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
0			0	850,860	
N - EDUCATION AND TRAINING					
1.00	ADMINISTRATIVE & GENERAL	5.00	259,656	158,609	1.00
0			259,656	158,609	
O - INTERNS AND RESIDENTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	240,427	0	1.00
2.00	I&R SERVICES-OTHER PRGM.	22.00	718,726	0	2.00
	COSTS APPRVD				
0			959,153	0	
P - SPEECH THERAPY					
1.00	HOME HEALTH	194.01	4,279	0	1.00
0			4,279	0	
500.00	Grand Total: Increases		3,487,696	7,426,880	500.00

## RECLASSIFICATIONS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-6

Date/Time Prepared:  
2/27/2020 11:44 am

		Decreases					2/27/2020 11:17 AM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - CAFETERIA								
1.00	DIETARY	10.00	517,535	436,595	0		1.00	
	0		517,535	436,595				
B - RENTAL EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	109,552	10		1.00	
2.00	OPERATION OF PLANT	7.00	0	19,359	0		2.00	
3.00	HOUSEKEEPING	9.00	0	31,258	0		3.00	
4.00	DIETARY	10.00	0	1,598	0		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,868	0		5.00	
6.00	PHARMACY	15.00	0	225,667	0		6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,381	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	19,456	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	1,657	0		9.00	
10.00	OPERATING ROOM	50.00	0	10,003	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	777	0		11.00	
12.00	LABORATORY	60.00	0	33,687	0		12.00	
13.00	RESPIRATORY THERAPY	65.00	0	24,315	0		13.00	
14.00	PHYSICAL THERAPY	66.00	0	35,730	0		14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	1,695	0		15.00	
16.00	RENAL DIALYSIS	74.00	0	1,134	0		16.00	
17.00	RURAL HEALTH CLINIC	88.00	0	37	0		17.00	
18.00	CLINIC	90.00	0	21,803	0		18.00	
19.00	HOSPICE	116.00	0	135,864	0		19.00	
20.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	177	0		20.00	
21.00	PRIVATE DUTY NURSING	194.05	0	3,181	0		21.00	
	0		0	730,199				
C - INTEREST EXPENSE								
1.00	INTEREST EXPENSE	113.00	0	1,320,530	11		1.00	
2.00		0.00	0	0	11		2.00	
	0		0	1,320,530				
D - CENTRAL STERILE								
1.00	CENTRAL SERVICES & SUPPLY	14.00	207,108	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
	0		207,108	0				
E - CLINIC								
1.00	CRH	194.00	426,076	508,128	9		1.00	
2.00		0.00	0	0	9		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
	0		426,076	508,128				
F - NURSING ADMIN								
1.00	ADMINISTRATIVE & GENERAL	5.00	370,944	0	0		1.00	
	0		370,944	0				
G - LABOR AND DELIVERY AND NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	630,421	75,994	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		630,421	75,994				
I - PUBLIC RELATIONS								
1.00	ADMINISTRATIVE & GENERAL	5.00	112,524	430,134	0		1.00	
	0		112,524	430,134				
J - EPOITIN								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	476,688	0		1.00	
	0		0	476,688				
K - PROPERTY INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	428,582	12		1.00	
2.00	OPERATION OF PLANT	7.00	0	5,543	12		2.00	
3.00	HOUSEKEEPING	9.00	0	274	0		3.00	
4.00	DIETARY	10.00	0	292	0		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,064	0		5.00	
6.00	LABORATORY	60.00	0	763	0		6.00	
7.00	PHYSICAL THERAPY	66.00	0	845	0		7.00	
8.00	AMBULANCE SERVICES	95.00	0	36,771	0		8.00	

## RECLASSIFICATIONS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-6

Date/Time Prepared:  
2/27/2020 11:44 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	474,134			
	L - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	1,773,583	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	185,750	0		2.00
3.00	CLINIC	90.00	0	5,676	0		3.00
	0		0	1,965,009			
	M - EMPLOYEE BENEFITS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,230	0		1.00
2.00	LABORATORY	60.00	0	1,025	0		2.00
3.00	CLINIC	90.00	0	8,054	0		3.00
4.00	URGENT CARE	90.01	0	486	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	742,468	0		5.00
6.00	KIRK CLINIC	194.07	0	85,333	0		6.00
7.00	NORMAN PARK FM CLINIC	194.08	0	12,264	0		7.00
	0		0	850,860			
	N - EDUCATION AND TRAINING						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	259,656	158,609	0		1.00
	0		259,656	158,609			
	O - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	669,973	0	0		1.00
2.00	CLINIC	90.02	289,180	0	0		2.00
	0		959,153	0			
	P - SPEECH THERAPY						
1.00	PHYSICAL THERAPY	66.00	4,279	0	0		1.00
	0		4,279	0			
500.00	Grand Total: Decreases		3,487,696	7,426,880			500.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet A-7  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00	4.00	5.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,110,292	322,237	0	322,237	0	1.00
2.00	Land Improvements	3,394,143	81,014	0	81,014	0	2.00
3.00	Buildings and Fixtures	87,140,931	3,974,852	0	3,974,852	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	18,712,677	681,798	0	681,798	216,725	5.00
6.00	Movable Equipment	76,462,055	13,789,397	0	13,789,397	829,639	6.00
7.00	HIT designated Assets	88,874	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	186,908,972	18,849,298	0	18,849,298	1,046,364	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	186,908,972	18,849,298	0	18,849,298	1,046,364	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,432,529	0				1.00
2.00	Land Improvements	3,475,157	0				2.00
3.00	Buildings and Fixtures	91,115,783	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	19,177,750	0				5.00
6.00	Movable Equipment	89,421,813	0				6.00
7.00	HIT designated Assets	88,874	0				7.00
8.00	Subtotal (sum of lines 1-7)	204,711,906	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	204,711,906	0				10.00



## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet A-7  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,182,000	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,777,334	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,959,334	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	NEW CAP REL COSTS-BLDG & FIXT	0	4,182,000				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,777,334				2.00
3.00	Total (sum of lines 1-2)	0	8,959,334				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet A-7  
Part III  
Date/Time Prepared:  
2/27/2020 11:44 am

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	NEW CAP REL COSTS-BLDG & FIXT	115,201,218	0	115,201,218	0.562748	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	89,510,687	0	89,510,687	0.437252	0	2.00
3.00	Total (sum of lines 1-2)	204,711,905	0	204,711,905	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,231,673	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,772,835	730,199	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,004,508	730,199	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,025,741	221,314	0	0	5,478,728	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	69,002	252,820	0	0	5,824,856	2.00
3.00	Total (sum of lines 1-2)	1,094,743	474,134	0	0	11,303,584	3.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-8

Date/Time Prepared:  
2/27/2020 11:44 am

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		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-211,556	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-14,231	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-5,467	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-83,055	ADMINISTRATIVE & GENERAL	5.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-35,614	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-22,698	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,566,722			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-778,941	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	B	-947,767	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,534	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	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 *** Cost Center Deleted ***	68.00		31.00

## ADJUSTMENTS TO EXPENSES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-8

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	-2,431	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	PHYSICIAN OFFICE BILLING COSTS	A	-92,336	ADMINISTRATIVE & GENERAL	5.00	0	33.01
34.00	SWITCHBOARD SALARIES	A	-14,304	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	PATIENT TELEPHONE DEPRECIATION	A	-3,667	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	34.01
35.00	TV DEPRECIATION	A	-20,824	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	35.00
36.00	PHYSICIAN RECRUITMENT	A	-20,821	EMPLOYEE BENEFITS DEPARTMENT	4.00	9	36.00
36.01	PHYSICIAN RECRUITMENT	A	-492,035	ADMINISTRATIVE & GENERAL	5.00	0	36.01
36.02	PHYSICIAN RECRUITMENT	A	-52,491	PHYSICAL THERAPY	66.00	0	36.02
36.03	HOSPITALIST AND ANESTHESIA SUBSIDY	A	-3,009,731	ADMINISTRATIVE & GENERAL	5.00	0	36.03
37.00	AHA DUES - LOBBYING EXPENSE	A	-5,487	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	GHA DUES - LOBBYING EXPENSE	A	-10,920	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	NON RHC PHYSICIAN	A		ORURAL HEALTH CLINIC	88.00	0	39.00
40.00	BOND ISSUANCE COSTS	A	23,163	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	40.00
42.00	JAIL REVENUE	A	-395,253	ADULTS & PEDIATRICS	30.00	0	42.00
43.00	I&R START UP COSTS - ADDBACK	A	58,668	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	43.00
44.00	LIFE INSURANCE PROCEEDS	A	-59,156	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01	LIFE INSURANCE PROCEEDS	A	-130	PHYSICIANS' PRIVATE OFFICES	192.00	0	44.01
45.00	HOSPICE PAYMENTS TO NF	A	-38,585	ADULTS & PEDIATRICS	30.00	0	45.00
46.00	DONATED ASSET DEPRECIATION	A	-4,509	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,808,434				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.

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:  
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	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	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	697,640	0	697,640	179,000	5,243	1.00
2.00	30.00	ADULTS & PEDIATRICS	374,631	374,631	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,398,331	1,398,331	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	5,000	5,000	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	148,428	148,428	0	0	0	5.00
6.00	90.00	CLINIC	623,684	623,684	0	0	0	6.00
7.00	91.00	EMERGENCY	770,208	770,208	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			4,017,922	3,320,282	697,640		5,243	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	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	451,200	22,560	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	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			451,200	22,560	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	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	451,200	246,440	246,440		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	374,631		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,398,331		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	5,000		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	148,428		5.00
6.00	90.00	CLINIC	0	0	0	623,684		6.00
7.00	91.00	EMERGENCY	0	0	0	770,208		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	451,200	246,440	3,566,722		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,478,728	5,478,728			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	5,824,856	5,824,856			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,670,935	19,119	24,539	9,714,593	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,078,550	396,566	508,984	1,984,238	5.00
7.00	00700	OPERATION OF PLANT	5,371,801	923,917	1,185,829	171,116	7,652,663
8.00	00800	LAUNDRY & LINEN SERVICE	641,227	10,266	13,176	7,468	672,137
9.00	00900	HOUSEKEEPING	1,202,916	51,944	66,669	150,866	1,472,395
10.00	01000	DIETARY	599,022	82,436	105,804	50,776	838,038
11.00	01100	CAFETERIA	175,189	4,069	5,222	80,623	265,103
13.00	01300	NURSING ADMINISTRATION	1,205,832	14,744	18,923	157,452	1,396,951
14.00	01400	CENTRAL SERVICES & SUPPLY	492,841	131,655	168,977	60,584	854,057
15.00	01500	PHARMACY	5,683,460	43,686	56,071	205,370	5,988,587
16.00	01600	MEDICAL RECORDS & LIBRARY	464,706	31,990	41,059	50,798	588,553
17.00	01700	SOCIAL SERVICE	149,519	6,793	8,719	21,480	186,511
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	632,641	0	0	98,554	731,195
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,010,561	0	0	111,965	1,122,526
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,279,293	723,720	928,880	1,615,770	14,547,663
31.00	03100	INTENSIVE CARE UNIT	2,055,426	157,874	202,628	293,554	2,709,482
43.00	04300	NURSERY	330,937	29,368	37,694	45,668	443,667
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,191,667	350,002	449,221	323,178	4,314,068
51.00	05100	RECOVERY ROOM	432,996	19,085	24,495	61,836	538,412
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,963	38,851	49,865	52,758	522,437
53.00	05300	ANESTHESIOLOGY	2,105,543	15,953	20,475	286,227	2,428,198
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,755,602	182,577	234,334	287,363	3,459,876
54.01	05401	NUCLEAR MEDICINE-DIAG	364,953	20,039	25,719	27,945	438,656
57.00	05700	CT SCAN	832,380	14,420	18,508	93,624	958,932
60.00	06000	LABORATORY	3,316,570	88,905	114,108	277,378	3,796,961
65.00	06500	RESPIRATORY THERAPY	1,113,929	20,515	26,331	150,682	1,311,457
66.00	06600	PHYSICAL THERAPY	1,965,353	221,939	284,855	261,540	2,733,687
69.00	06900	ELECTROCARDIOLOGY	1,358,633	115,703	148,502	144,642	1,767,480
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,680,158	0	0	0	11,680,158
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,965,009	0	0	0	1,965,009
73.00	07300	DRUGS CHARGED TO PATIENTS	3,120,184	3,133	4,021	0	3,127,338
74.00	07400	RENAL DIALYSIS	1,846,846	186,714	239,644	148,530	2,421,734
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,163,968	210,720	270,454	132,212	1,777,354
90.00	09000	CLINIC	1,670,924	15,050	19,317	103,437	1,808,728
90.01	09001	URGENT CARE	4,791	38,426	49,319	0	92,536
90.02	09002	CLINIC	733,741	0	0	61,715	795,456
91.00	09100	EMERGENCY	3,168,320	202,207	259,529	450,518	4,080,574
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,563,347	16,225	20,824	203,505	1,803,901
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,037,987	25,997	33,367	110,419	1,207,770
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,122,304	4,414,608	5,666,062	8,283,791	118,468,588
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	157,308	13,467	17,284	15,879	203,938
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,850,240	813,136	0	863,689	24,527,065
194.00	07950	CRH	0	0	0	0	0
194.01	07951	HOME HEALTH	1,635,877	0	112,819	198,988	1,947,684
194.02	07952	COMM CARE	483,310	0	0	60,112	543,422
194.03	07953	FOUNDATION	267,696	0	0	22,485	290,181
194.04	07954	TRANSPORT	388,161	0	0	40,520	428,681
194.05	07955	PRIVATE DUTY NURSING	393,331	22,354	28,691	53,057	497,433
194.06	07956	PUBLIC RELATIONS	542,658	0	0	17,529	560,187
194.07	07957	KIRK CLINIC	2,384,297	215,163	0	130,681	2,730,141
194.08	07958	NORMAN PARK FM CLINIC	290,404	0	0	27,862	318,266
194.09	07959	DOERUN FAM MED CLINIC	361,501	0	0	0	361,501
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers					0
202.00		TOTAL (sum lines 118 through 201)	150,877,087	5,478,728	5,824,856	9,714,593	150,877,087

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet 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	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,968,338				5.00
7.00	00700	OPERATION OF PLANT	1,590,973	9,243,636			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	139,736	29,528	841,401		8.00
9.00	00900	HOUSEKEEPING	306,108	149,401	20,496	1,948,400	9.00
10.00	01000	DIETARY	174,226	237,103	0	70,930	10.00
11.00	01100	CAFETERIA	55,114	11,703	0	3,501	11.00
13.00	01300	NURSING ADMINISTRATION	290,423	42,406	0	12,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	177,557	378,669	0	113,280	14.00
15.00	01500	PHARMACY	1,245,015	125,652	0	37,589	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122,359	92,011	0	27,525	16.00
17.00	01700	SOCIAL SERVICE	38,775	19,538	0	5,845	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	152,014	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	233,371	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,024,430	2,081,578	333,501	622,708	30.00
31.00	03100	INTENSIVE CARE UNIT	563,296	454,080	49,314	135,839	31.00
43.00	04300	NURSERY	92,237	84,470	0	25,269	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	896,886	1,006,684	54,930	0	50.00
51.00	05100	RECOVERY ROOM	111,935	54,893	0	16,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,614	111,745	0	33,429	52.00
53.00	05300	ANESTHESIOLOGY	504,818	45,883	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	719,301	525,133	15,593	157,094	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	91,196	57,635	13,404	17,242	54.01
57.00	05700	CT SCAN	199,360	41,476	24,228	12,408	57.00
60.00	06000	LABORATORY	789,381	255,711	0	76,496	60.00
65.00	06500	RESPIRATORY THERAPY	272,649	59,006	0	17,652	65.00
66.00	06600	PHYSICAL THERAPY	568,328	638,347	21,029	190,962	66.00
69.00	06900	ELECTROCARDIOLOGY	367,456	332,786	4,040	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,428,281	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	408,521	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	650,167	9,010	0	0	73.00
74.00	07400	RENAL DIALYSIS	503,474	537,032	68,285	160,654	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	369,508	606,077	0	0	88.00
90.00	09000	CLINIC	376,031	43,288	56,094	0	90.00
90.01	09001	URGENT CARE	19,238	110,521	0	0	90.01
90.02	09002	CLINIC	165,374	0	586	0	90.02
91.00	09100	EMERGENCY	848,343	581,593	140,534	173,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	375,027	46,666	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	251,093	74,774	418	22,369	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,230,615	8,844,399	802,452	1,933,883	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,398	38,734	0	11,587	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,099,189	0	38,147	0	192.00
194.00	07950	CRH	0	0	0	0	194.00
194.01	07951	HOME HEALTH	404,920	252,822	4	0	194.01
194.02	07952	COMM CARE	112,976	0	0	0	194.02
194.03	07953	FOUNDATION	60,328	9,794	0	2,930	194.03
194.04	07954	TRANSPORT	89,122	33,592	650	0	194.04
194.05	07955	PRIVATE DUTY NURSING	103,415	64,295	0	0	194.05
194.06	07956	PUBLIC RELATIONS	116,462	0	0	0	194.06
194.07	07957	KIRK CLINIC	567,591	0	101	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	66,167	0	47	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	75,155	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,968,338	9,243,636	841,401	1,948,400	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet B  
Part I  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW 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	335,421					11.00
13.00	01300	NURSING ADMINISTRATION	5,857	1,748,323				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,846	0	1,529,409			14.00
15.00	01500	PHARMACY	10,122	0	38,862	7,445,827		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,455	0	1,058	0	836,961	16.00
17.00	01700	SOCIAL SERVICE	2,408	0	1	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,052	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,379	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,472	1,028,506	121,512	0	61,753	30.00
31.00	03100	INTENSIVE CARE UNIT	15,945	191,868	23,912	0	9,736	31.00
43.00	04300	NURSERY	2,558	30,779	11,102	301	1,844	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,468	0	477,516	2,324	79,321	50.00
51.00	05100	RECOVERY ROOM	2,713	32,647	1,640	0	6,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,949	35,482	997	0	2,141	52.00
53.00	05300	ANESTHESIOLOGY	7,122	0	36,525	0	11,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,502	0	6,459	14,971	34,747	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,661	0	544	41	15,842	54.01
57.00	05700	CT SCAN	6,104	0	5,808	0	105,029	57.00
60.00	06000	LABORATORY	22,031	0	19,313	0	121,500	60.00
65.00	06500	RESPIRATORY THERAPY	8,311	0	11,693	0	21,440	65.00
66.00	06600	PHYSICAL THERAPY	11,277	0	489	3,655	19,768	66.00
69.00	06900	ELECTROCARDIOLOGY	8,863	0	35,891	3,050	66,338	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	336,626	0	50,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	29,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,811,675	141,248	73.00
74.00	07400	RENAL DIALYSIS	10,519	0	154,960	1,482,427	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	350	463	0	88.00
90.00	09000	CLINIC	6,702	0	19,253	6,366	0	90.00
90.01	09001	URGENT CARE	0	0	0	0	0	90.01
90.02	09002	CLINIC	6,242	0	3,956	0	0	90.02
91.00	09100	EMERGENCY	27,457	330,409	171,965	0	53,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	17,588	0	15,151	13,897	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,196	98,632	11,282	72,225	5,146	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	326,799	1,748,323	1,506,865	7,411,395	836,961	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,983	0	2,192	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	0	18,971	2,716	0	194.01
194.02	07952	COMM CARE	0	0	643	0	0	194.02
194.03	07953	FOUNDATION	0	0	200	0	0	194.03
194.04	07954	TRANSPORT	5,443	0	538	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	1,196	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	0	0	0	31,716	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	0	0	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	335,421	1,748,323	1,529,409	7,445,827	836,961	202.00



## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet B  
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Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
				17.00	21.00			
						24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	253,078					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	889,261				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,357,276			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	218,600	93,606	142,871	23,517,962	-236,477	30.00
31.00	03100	INTENSIVE CARE UNIT	32,468	40,117	61,230	4,442,226	-101,347	31.00
43.00	04300	NURSERY	0	0	0	692,227	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,862	102,051	7,023,110	-168,913	50.00
51.00	05100	RECOVERY ROOM	0	0	0	764,779	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,010	53,489	81,641	964,530	-135,130	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,034,097	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,029	15,308	4,974,013	-25,337	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0	0	636,221	0	54.01
57.00	05700	CT SCAN	0	0	0	1,353,345	0	57.00
60.00	06000	LABORATORY	0	0	0	5,081,393	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,702,208	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,686	10,205	4,204,433	-16,891	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,585,904	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,495,930	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,402,766	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,739,438	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,339,085	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,753,752	0	88.00
90.00	09000	CLINIC	0	73,548	112,256	2,502,266	-185,804	90.00
90.01	09001	URGENT CARE	0	0	0	222,295	0	90.01
90.02	09002	CLINIC	0	260,762	397,998	1,630,374	-658,760	90.02
91.00	09100	EMERGENCY	0	40,117	61,230	6,509,544	-101,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	2,272,230	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	1,751,905	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,078	645,216	984,790	110,596,033	-1,630,006	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	300,832	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	244,045	372,486	30,280,932	-616,531	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	0	0	2,627,117	0	194.01
194.02	07952	COMM CARE	0	0	0	657,041	0	194.02
194.03	07953	FOUNDATION	0	0	0	363,433	0	194.03
194.04	07954	TRANSPORT	0	0	0	558,026	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	665,143	0	194.05
194.06	07956	PUBLIC RELATIONS	0	0	0	677,845	0	194.06
194.07	07957	KIRK CLINIC	0	0	0	3,329,549	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	0	384,480	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	436,656	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	253,078	889,261	1,357,276	150,877,087	-2,246,537	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
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	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	54.01
57.00	05700	CT SCAN	57.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
90.00	09000	CLINIC	90.00
90.01	09001	URGENT CARE	90.01
90.02	09002	CLINIC	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	CRH	194.00
194.01	07951	HOME HEALTH	194.01
194.02	07952	COMM CARE	194.02
194.03	07953	FOUNDATION	194.03
194.04	07954	TRANSPORT	194.04
194.05	07955	PRIVATE DUTY NURSING	194.05
194.06	07956	PUBLIC RELATIONS	194.06
194.07	07957	KIRK CLINIC	194.07
194.08	07958	NORMAN PARK FM CLINIC	194.08
194.09	07959	DOERUN FAM MED CLINIC	194.09
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet B  
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,119	24,539	43,658	43,658
5.00	00500	ADMINISTRATIVE & GENERAL	0	396,566	508,984	905,550	8,925
7.00	00700	OPERATION OF PLANT	0	923,917	1,185,829	2,109,746	769
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,266	13,176	23,442	34
9.00	00900	HOUSEKEEPING	0	51,944	66,669	118,613	678
10.00	01000	DIETARY	0	82,436	105,804	188,240	228
11.00	01100	CAFETERIA	0	4,069	5,222	9,291	362
13.00	01300	NURSING ADMINISTRATION	0	14,744	18,923	33,667	708
14.00	01400	CENTRAL SERVICES & SUPPLY	0	131,655	168,977	300,632	272
15.00	01500	PHARMACY	0	43,686	56,071	99,757	923
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,990	41,059	73,049	228
17.00	01700	SOCIAL SERVICE	0	6,793	8,719	15,512	97
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	443
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	503
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	723,720	928,880	1,652,600	7,260
31.00	03100	INTENSIVE CARE UNIT	0	157,874	202,628	360,502	1,319
43.00	04300	NURSERY	0	29,368	37,694	67,062	205
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	350,002	449,221	799,223	1,452
51.00	05100	RECOVERY ROOM	0	19,085	24,495	43,580	278
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	38,851	49,865	88,716	237
53.00	05300	ANESTHESIOLOGY	0	15,953	20,475	36,428	1,286
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	182,577	234,334	416,911	1,291
54.01	05401	NUCLEAR MEDICINE-DIAG	0	20,039	25,719	45,758	126
57.00	05700	CT SCAN	0	14,420	18,508	32,928	421
60.00	06000	LABORATORY	0	88,905	114,108	203,013	1,246
65.00	06500	RESPIRATORY THERAPY	0	20,515	26,331	46,846	677
66.00	06600	PHYSICAL THERAPY	0	221,939	284,855	506,794	1,175
69.00	06900	ELECTROCARDIOLOGY	0	115,703	148,502	264,205	650
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,133	4,021	7,154	0
74.00	07400	RENAL DIALYSIS	0	186,714	239,644	426,358	667
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	210,720	270,454	481,174	594
90.00	09000	CLINIC	0	15,050	19,317	34,367	465
90.01	09001	URGENT CARE	0	38,426	49,319	87,745	0
90.02	09002	CLINIC	0	0	0	0	277
91.00	09100	EMERGENCY	0	202,207	259,529	461,736	2,024
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	16,225	20,824	37,049	914
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	25,997	33,367	59,364	496
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,414,608	5,666,062	10,080,670	37,230
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,467	17,284	30,751	71
192.00	19200	PHYSICIANS' PRIVATE OFFICES	398,899	813,136	0	1,212,035	3,881
194.00	07950	CRH	51,011	0	0	51,011	0
194.01	07951	HOME HEALTH	28,547	0	112,819	141,366	894
194.02	07952	COMM CARE	3,038	0	0	3,038	270
194.03	07953	FOUNDATION	0	0	0	0	101
194.04	07954	TRANSPORT	31,004	0	0	31,004	182
194.05	07955	PRIVATE DUTY NURSING	3,181	22,354	28,691	54,226	238
194.06	07956	PUBLIC RELATIONS	0	0	0	0	79
194.07	07957	KIRK CLINIC	99,502	215,163	0	314,665	587
194.08	07958	NORMAN PARK FM CLINIC	31,201	0	0	31,201	125
194.09	07959	DOERUN FAM MED CLINIC	597	0	0	597	0
200.00		Cross Foot Adjustments				0	
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	646,980	5,478,728	5,824,856	11,950,564	43,658

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet B  
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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	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	914,475				5.00
7.00	00700	OPERATION OF PLANT	56,025	2,166,540			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,921	6,921	35,318		8.00
9.00	00900	HOUSEKEEPING	10,779	35,017	860	165,947	9.00
10.00	01000	DIETARY	6,135	55,573	0	6,041	256,217
11.00	01100	CAFETERIA	1,941	2,743	0	298	0
13.00	01300	NURSING ADMINISTRATION	10,227	9,939	0	1,080	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,253	88,753	0	9,648	0
15.00	01500	PHARMACY	43,842	29,451	0	3,201	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,309	21,566	0	2,344	0
17.00	01700	SOCIAL SERVICE	1,365	4,579	0	498	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,353	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,218	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	106,503	487,884	13,997	53,039	224,287
31.00	03100	INTENSIVE CARE UNIT	19,836	106,428	2,070	11,570	30,068
43.00	04300	NURSERY	3,248	19,798	0	2,152	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,583	235,948	2,306	0	0
51.00	05100	RECOVERY ROOM	3,942	12,866	0	1,399	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,825	26,191	0	2,847	1,862
53.00	05300	ANESTHESIOLOGY	17,777	10,754	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,330	123,082	655	13,380	0
54.01	05401	NUCLEAR MEDICINE-DIAG	3,211	13,509	563	1,468	0
57.00	05700	CT SCAN	7,020	9,721	1,017	1,057	0
60.00	06000	LABORATORY	27,798	59,934	0	6,515	0
65.00	06500	RESPIRATORY THERAPY	9,601	13,830	0	1,503	0
66.00	06600	PHYSICAL THERAPY	20,013	149,617	883	16,264	0
69.00	06900	ELECTROCARDIOLOGY	12,940	77,999	170	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,510	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,386	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	22,895	2,112	0	0	0
74.00	07400	RENAL DIALYSIS	17,730	125,870	2,866	13,683	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	13,012	142,053	0	0	0
90.00	09000	CLINIC	13,242	10,146	2,355	0	0
90.01	09001	URGENT CARE	677	25,904	0	0	0
90.02	09002	CLINIC	5,824	0	25	0	0
91.00	09100	EMERGENCY	29,874	136,315	5,899	14,818	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,206	10,938	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,842	17,526	18	1,905	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	677,193	2,072,967	33,684	164,710	256,217
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,493	9,078	0	987	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	179,583	0	1,601	0	0
194.00	07950	CRH	0	0	0	0	0
194.01	07951	HOME HEALTH	14,259	59,257	0	0	0
194.02	07952	COMM CARE	3,978	0	0	0	0
194.03	07953	FOUNDATION	2,124	2,295	0	250	0
194.04	07954	TRANSPORT	3,138	7,873	27	0	0
194.05	07955	PRIVATE DUTY NURSING	3,642	15,070	0	0	0
194.06	07956	PUBLIC RELATIONS	4,101	0	0	0	0
194.07	07957	KIRK CLINIC	19,987	0	4	0	0
194.08	07958	NORMAN PARK FM CLINIC	2,330	0	2	0	0
194.09	07959	DOERUN FAM MED CLINIC	2,647	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	914,475	2,166,540	35,318	165,947	256,217

## ALLOCATION OF CAPITAL RELATED COSTS

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Period:  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW 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	14,635					11.00
13.00	01300	NURSING ADMINISTRATION	256	55,877				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	255	0	405,813			14.00
15.00	01500	PHARMACY	442	0	10,312	187,928		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	238	0	281	0	102,015	16.00
17.00	01700	SOCIAL SERVICE	105	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	264	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	60	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,730	32,872	32,242	0	7,533	30.00
31.00	03100	INTENSIVE CARE UNIT	696	6,132	6,345	0	1,188	31.00
43.00	04300	NURSERY	112	984	2,946	8	225	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	980	0	126,701	59	9,676	50.00
51.00	05100	RECOVERY ROOM	118	1,043	435	0	746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129	1,134	264	0	261	52.00
53.00	05300	ANESTHESIOLOGY	311	0	9,691	0	1,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	676	0	1,714	378	4,238	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	72	0	144	1	1,932	54.01
57.00	05700	CT SCAN	266	0	1,541	0	12,812	57.00
60.00	06000	LABORATORY	961	0	5,125	0	14,821	60.00
65.00	06500	RESPIRATORY THERAPY	363	0	3,103	0	2,615	65.00
66.00	06600	PHYSICAL THERAPY	492	0	130	92	2,411	66.00
69.00	06900	ELECTROCARDIOLOGY	387	0	9,523	77	8,092	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	89,321	0	6,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	146,681	17,151	73.00
74.00	07400	RENAL DIALYSIS	459	0	41,117	37,416	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	93	12	0	88.00
90.00	09000	CLINIC	292	0	5,109	161	0	90.00
90.01	09001	URGENT CARE	0	0	0	0	0	90.01
90.02	09002	CLINIC	272	0	1,050	0	0	90.02
91.00	09100	EMERGENCY	1,198	10,560	45,629	0	6,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	767	0	4,020	351	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	358	3,152	2,994	1,823	628	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,259	55,877	399,830	187,059	102,015	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87	0	582	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	0	5,034	69	0	194.01
194.02	07952	COMM CARE	0	0	171	0	0	194.02
194.03	07953	FOUNDATION	0	0	53	0	0	194.03
194.04	07954	TRANSPORT	237	0	143	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	52	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	0	0	0	800	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	0	0	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,635	55,877	405,813	187,928	102,015	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
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Part II  
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Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES			
			SERVICES-OTHER PRGM. COSTS			
		17.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	22,156			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,060		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	8,781		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,138		2,641,085	0 30.00
31.00	03100	INTENSIVE CARE UNIT	2,842		548,996	0 31.00
43.00	04300	NURSERY	0		96,740	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0		1,207,928	0 50.00
51.00	05100	RECOVERY ROOM	0		64,407	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	176		125,642	0 52.00
53.00	05300	ANESTHESIOLOGY	0		77,656	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		587,655	0 54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0		66,784	0 54.01
57.00	05700	CT SCAN	0		66,783	0 57.00
60.00	06000	LABORATORY	0		319,413	0 60.00
65.00	06500	RESPIRATORY THERAPY	0		78,538	0 65.00
66.00	06600	PHYSICAL THERAPY	0		697,871	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0		374,043	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		181,036	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		17,952	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		195,993	0 73.00
74.00	07400	RENAL DIALYSIS	0		666,166	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		636,938	0 88.00
90.00	09000	CLINIC	0		66,137	0 90.00
90.01	09001	URGENT CARE	0		114,326	0 90.01
90.02	09002	CLINIC	0		7,448	0 90.02
91.00	09100	EMERGENCY	0		714,559	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		67,245	0 95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0		97,106	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,156	0	9,718,447	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		43,049	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		1,397,100	0 192.00
194.00	07950	CRH	0		51,011	0 194.00
194.01	07951	HOME HEALTH	0		220,879	0 194.01
194.02	07952	COMM CARE	0		7,457	0 194.02
194.03	07953	FOUNDATION	0		4,823	0 194.03
194.04	07954	TRANSPORT	0		42,604	0 194.04
194.05	07955	PRIVATE DUTY NURSING	0		73,176	0 194.05
194.06	07956	PUBLIC RELATIONS	0		4,232	0 194.06
194.07	07957	KIRK CLINIC	0		336,043	0 194.07
194.08	07958	NORMAN PARK FM CLINIC	0		33,658	0 194.08
194.09	07959	DOERUN FAM MED CLINIC	0		3,244	0 194.09
200.00		Cross Foot Adjustments		6,060	8,781	0 200.00
201.00		Negative Cost Centers	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	22,156	6,060	8,781	11,950,564 0 202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
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	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	54.01
57.00	05700	CT SCAN	57.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
90.00	09000	CLINIC	90.00
90.01	09001	URGENT CARE	90.01
90.02	09002	CLINIC	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	CRH	194.00
194.01	07951	HOME HEALTH	194.01
194.02	07952	COMM CARE	194.02
194.03	07953	FOUNDATION	194.03
194.04	07954	TRANSPORT	194.04
194.05	07955	PRIVATE DUTY NURSING	194.05
194.06	07956	PUBLIC RELATIONS	194.06
194.07	07957	KIRK CLINIC	194.07
194.08	07958	NORMAN PARK FM CLINIC	194.08
194.09	07959	DOERUN FAM MED CLINIC	194.09
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	321,803				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		266,567			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,123	1,123	62,360,226		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,293	23,293	12,737,332	-25,968,338	5.00
7.00	00700	OPERATION OF PLANT	54,268	54,268	1,098,433	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	603	603	47,941	0	8.00
9.00	00900	HOUSEKEEPING	3,051	3,051	968,440	0	9.00
10.00	01000	DIETARY	4,842	4,842	325,944	0	10.00
11.00	01100	CAFETERIA	239	239	517,535	0	11.00
13.00	01300	NURSING ADMINISTRATION	866	866	1,010,723	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,733	7,733	388,900	0	14.00
15.00	01500	PHARMACY	2,566	2,566	1,318,314	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,879	1,879	326,084	0	16.00
17.00	01700	SOCIAL SERVICE	399	399	137,887	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	632,641	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	718,726	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,509	42,509	10,371,992	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,273	9,273	1,884,391	0	31.00
43.00	04300	NURSERY	1,725	1,725	293,152	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,558	20,558	2,074,554	0	50.00
51.00	05100	RECOVERY ROOM	1,121	1,121	396,941	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,282	2,282	338,665	0	52.00
53.00	05300	ANESTHESIOLOGY	937	937	1,837,359	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,724	10,724	1,844,646	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,177	1,177	179,388	0	54.01
57.00	05700	CT SCAN	847	847	600,992	0	57.00
60.00	06000	LABORATORY	5,222	5,222	1,780,554	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,205	1,205	967,259	0	65.00
66.00	06600	PHYSICAL THERAPY	13,036	13,036	1,678,883	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,796	6,796	928,491	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184	184	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,967	10,967	953,447	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	12,377	12,377	848,697	0	88.00
90.00	09000	CLINIC	884	884	663,985	0	90.00
90.01	09001	URGENT CARE	2,257	2,257	0	0	90.01
90.02	09002	CLINIC	0	0	396,161	0	90.02
91.00	09100	EMERGENCY	11,877	11,877	2,891,977	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	953	953	1,306,347	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,527	1,527	708,804	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	259,300	259,300	53,175,585	-25,968,338	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	791	791	101,929	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,761	0	5,544,216	0	192.00
194.00	07950	CRH	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	5,163	1,277,351	0	194.01
194.02	07952	COMM CARE	0	0	385,871	0	194.02
194.03	07953	FOUNDATION	0	0	144,334	0	194.03
194.04	07954	TRANSPORT	0	0	260,109	0	194.04
194.05	07955	PRIVATE DUTY NURSING	1,313	1,313	340,587	0	194.05
194.06	07956	PUBLIC RELATIONS	0	0	112,524	0	194.06
194.07	07957	KIRK CLINIC	12,638	0	838,868	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	178,852	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,478,728	5,824,856	9,714,593		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.025099	21.851377	0.155782		203.00



## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			43,658		914,475	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000700		0.007321	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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW 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	188,769					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	603	857,409				8.00
9.00	00900 HOUSEKEEPING	3,051	20,886	133,007			9.00
10.00	01000 DIETARY	4,842	0	4,842	102,640		10.00
11.00	01100 CAFETERIA	239	0	239	0	58,356	11.00
13.00	01300 NURSING ADMINISTRATION	866	0	866	0	1,019	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	7,733	0	7,733	0	1,017	14.00
15.00	01500 PHARMACY	2,566	0	2,566	0	1,761	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1,879	0	1,879	0	949	16.00
17.00	01700 SOCIAL SERVICE	399	0	399	0	419	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,053	21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	240	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	42,509	339,846	42,509	89,849	14,870	30.00
31.00	03100 INTENSIVE CARE UNIT	9,273	50,252	9,273	12,045	2,774	31.00
43.00	04300 NURSERY	1,725	0	1,725	0	445	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	20,558	55,975	0	0	3,909	50.00
51.00	05100 RECOVERY ROOM	1,121	0	1,121	0	472	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,282	0	2,282	746	513	52.00
53.00	05300 ANESTHESIOLOGY	937	0	0	0	1,239	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,724	15,890	10,724	0	2,697	54.00
54.01	05401 NUCLEAR MEDICINE-DIAG	1,177	13,659	1,177	0	289	54.01
57.00	05700 CT SCAN	847	24,689	847	0	1,062	57.00
60.00	06000 LABORATORY	5,222	0	5,222	0	3,833	60.00
65.00	06500 RESPIRATORY THERAPY	1,205	0	1,205	0	1,446	65.00
66.00	06600 PHYSICAL THERAPY	13,036	21,429	13,036	0	1,962	66.00
69.00	06900 ELECTROCARDIOLOGY	6,796	4,117	0	0	1,542	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	184	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	10,967	69,584	10,967	0	1,830	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	12,377	0	0	0	0	88.00
90.00	09000 CLINIC	884	57,161	0	0	1,166	90.00
90.01	09001 URGENT CARE	2,257	0	0	0	0	90.01
90.02	09002 CLINIC	0	597	0	0	1,086	90.02
91.00	09100 EMERGENCY	11,877	143,208	11,877	0	4,777	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	953	0	0	0	3,060	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,527	426	1,527	0	1,426	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	180,616	817,719	132,016	102,640	56,856	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	791	0	791	0	345	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	38,873	0	0	0	192.00
194.00	07950 CRH	0	0	0	0	0	194.00
194.01	07951 HOME HEALTH	5,163	4	0	0	0	194.01
194.02	07952 COMM CARE	0	0	0	0	0	194.02
194.03	07953 FOUNDATION	200	0	200	0	0	194.03
194.04	07954 TRANSPORT	686	662	0	0	947	194.04
194.05	07955 PRIVATE DUTY NURSING	1,313	0	0	0	0	194.05
194.06	07956 PUBLIC RELATIONS	0	0	0	0	208	194.06
194.07	07957 KIRK CLINIC	0	103	0	0	0	194.07
194.08	07958 NORMAN PARK FM CLINIC	0	48	0	0	0	194.08
194.09	07959 DOERUN FAM MED CLINIC	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,243,636	841,401	1,948,400	1,320,297	335,421	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	48.967977	0.981330	14.648853	12.863377	5.747841	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,166,540	35,318	165,947	256,217	14,635	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.477202	0.041192	1.247656	2.496269	0.250788	205.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	
			7.00	8.00	9.00	10.00	11.00	
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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			NURSING ADMINISTRATION (FTEs SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW 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	25,277					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,810,819				14.00
15.00	01500	PHARMACY	0	96,833	2,941,405			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,635	0	348,512,334		16.00
17.00	01700	SOCIAL SERVICE	0	3	0	0	20,274	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,870	302,771	0	25,709,184	17,512	30.00
31.00	03100	INTENSIVE CARE UNIT	2,774	59,582	0	4,053,496	2,601	31.00
43.00	04300	NURSERY	445	27,664	119	767,713	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,189,819	918	33,022,835	0	50.00
51.00	05100	RECOVERY ROOM	472	4,087	0	2,546,944	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513	2,483	0	891,147	161	52.00
53.00	05300	ANESTHESIOLOGY	0	91,008	0	4,808,733	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,095	5,914	14,465,690	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	1,355	16	6,595,142	0	54.01
57.00	05700	CT SCAN	0	14,471	0	43,725,625	0	57.00
60.00	06000	LABORATORY	0	48,123	0	50,582,777	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	29,135	0	8,925,969	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,218	1,444	8,229,647	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	89,430	1,205	27,617,881	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	838,770	0	21,176,301	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,171,666	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,295,848	58,873,308	0	73.00
74.00	07400	RENAL DIALYSIS	0	386,113	585,619	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	871	183	0	0	88.00
90.00	09000	CLINIC	0	47,973	2,515	0	0	90.00
90.01	09001	URGENT CARE	0	0	0	0	0	90.01
90.02	09002	CLINIC	0	9,858	0	0	0	90.02
91.00	09100	EMERGENCY	4,777	428,484	0	22,205,869	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	37,752	5,490	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,426	28,112	28,532	2,142,407	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,277	3,754,645	2,927,803	348,512,334	20,274	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,463	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	47,269	1,073	0	0	194.01
194.02	07952	COMM CARE	0	1,603	0	0	0	194.02
194.03	07953	FOUNDATION	0	499	0	0	0	194.03
194.04	07954	TRANSPORT	0	1,340	0	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	0	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	0	0	12,529	0	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	0	0	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,748,323	1,529,409	7,445,827	836,961	253,078	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	69.166555	0.401333	2.531384	0.002402	12.482884	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,877	405,813	187,928	102,015	22,156	204.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		NURSING ADMINISTRATION  (FTEs SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.210587	0.106490	0.063891	0.000293	1.092828	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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	532		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		532	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	56	56	30.00
31.00	03100	INTENSIVE CARE UNIT	24	24	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	40	40	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32	32	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6	6	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0	54.01
57.00	05700	CT SCAN	0	0	57.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4	4	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	44	44	90.00
90.01	09001	URGENT CARE	0	0	90.01
90.02	09002	CLINIC	156	156	90.02
91.00	09100	EMERGENCY	24	24	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	386	386	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	146	146	192.00
194.00	07950	CRH	0	0	194.00
194.01	07951	HOME HEALTH	0	0	194.01
194.02	07952	COMM CARE	0	0	194.02
194.03	07953	FOUNDATION	0	0	194.03
194.04	07954	TRANSPORT	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	194.05
194.06	07956	PUBLIC RELATIONS	0	0	194.06
194.07	07957	KIRK CLINIC	0	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	194.09
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	889,261	1,357,276	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,671.543233	2,551.270677	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,060	8,781	204.00

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
			21.00	22.00		
205.00		Unit cost multiplier (Wkst. B, Part II)	11.390977	16.505639		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

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet B-2

Date/Time Prepared:  
2/27/2020 11:44 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00



Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

MCRI F32 - 15.11.167.3

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

			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	17,724,016		17,724,016		30.00
31.00	03100	INTENSIVE CARE UNIT	4,053,496		4,053,496		31.00
43.00	04300	NURSERY	767,713		767,713		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,904,647	24,118,188	33,022,835	0.207559	50.00
51.00	05100	RECOVERY ROOM	666,649	1,880,295	2,546,944	0.300273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	891,147	0	891,147	0.930711	52.00
53.00	05300	ANESTHESIOLOGY	1,627,905	3,180,828	4,808,733	0.630956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,812,572	11,653,118	14,465,690	0.342097	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,326,984	5,268,158	6,595,142	0.096468	54.01
57.00	05700	CT SCAN	10,068,302	33,657,323	43,725,625	0.030951	57.00
60.00	06000	LABORATORY	21,256,282	29,326,495	50,582,777	0.100457	60.00
65.00	06500	RESPIRATORY THERAPY	6,439,346	2,486,623	8,925,969	0.190703	65.00
66.00	06600	PHYSICAL THERAPY	2,200,854	6,028,793	8,229,647	0.508836	66.00
69.00	06900	ELECTROCARDIOLOGY	6,406,131	21,211,750	27,617,881	0.093632	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,972,915	10,203,386	21,176,301	0.684536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,621,847	7,549,819	12,171,666	0.197407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,327,549	36,545,759	58,873,308	0.165430	73.00
74.00	07400	RENAL DIALYSIS	2,254,123	33,352,979	35,607,102	0.149944	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,718,004	1,718,004		88.00
90.00	09000	CLINIC	115,607	7,695,260	7,810,867	0.296569	90.00
90.01	09001	URGENT CARE	0	0	0	0.000000	90.01
90.02	09002	CLINIC	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	4,945,530	17,260,339	22,205,869	0.288581	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,398,685	6,586,483	7,985,168	0.504589	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,618,794	4,618,794	0.491953	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,142,407	2,142,407		116.00
200.00		Subtotal (see instructions)	131,782,300	266,484,801	398,267,101		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	131,782,300	266,484,801	398,267,101		202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
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	0.207559			50.00
51.00	05100 RECOVERY ROOM	0.300273			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.930711			52.00
53.00	05300 ANESTHESIOLOGY	0.630956			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.342097			54.00
54.01	05401 NUCLEAR MEDICINE-DIAG	0.096468			54.01
57.00	05700 CT SCAN	0.030951			57.00
60.00	06000 LABORATORY	0.100457			60.00
65.00	06500 RESPIRATORY THERAPY	0.190703			65.00
66.00	06600 PHYSICAL THERAPY	0.508836			66.00
69.00	06900 ELECTROCARDIOLOGY	0.093632			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.197407			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.165430			73.00
74.00	07400 RENAL DIALYSIS	0.149944			74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
90.00	09000 CLINIC	0.296569			90.00
90.01	09001 URGENT CARE	0.000000			90.01
90.02	09002 CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.288581			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.504589			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.491953			95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,517,962		23,517,962	0	23,517,962	30.00
31.00	03100	INTENSIVE CARE UNIT	4,442,226		4,442,226	0	4,442,226	31.00
43.00	04300	NURSERY	692,227		692,227	0	692,227	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,023,110		7,023,110	0	7,023,110	50.00
51.00	05100	RECOVERY ROOM	764,779		764,779	0	764,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	964,530		964,530	0	964,530	52.00
53.00	05300	ANESTHESIOLOGY	3,034,097		3,034,097	0	3,034,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,974,013		4,974,013	0	4,974,013	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	636,221		636,221	0	636,221	54.01
57.00	05700	CT SCAN	1,353,345		1,353,345	0	1,353,345	57.00
60.00	06000	LABORATORY	5,081,393		5,081,393	0	5,081,393	60.00
65.00	06500	RESPIRATORY THERAPY	1,702,208	0	1,702,208	0	1,702,208	65.00
66.00	06600	PHYSICAL THERAPY	4,204,433	0	4,204,433	0	4,204,433	66.00
69.00	06900	ELECTROCARDIOLOGY	2,585,904		2,585,904	0	2,585,904	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,495,930		14,495,930	0	14,495,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,402,766		2,402,766	0	2,402,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,739,438		9,739,438	0	9,739,438	73.00
74.00	07400	RENAL DIALYSIS	5,339,085		5,339,085	0	5,339,085	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,753,752		2,753,752	0	2,753,752	88.00
90.00	09000	CLINIC	2,502,266		2,502,266	0	2,502,266	90.00
90.01	09001	URGENT CARE	222,295		222,295	0	222,295	90.01
90.02	09002	CLINIC	1,630,374		1,630,374	0	1,630,374	90.02
91.00	09100	EMERGENCY	6,509,544		6,509,544	0	6,509,544	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,029,228		4,029,228		4,029,228	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,272,230		2,272,230	0	2,272,230	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,751,905		1,751,905		1,751,905	116.00
200.00		Subtotal (see instructions)	114,625,261	0	114,625,261	0	114,625,261	200.00
201.00		Less Observation Beds	4,029,228		4,029,228		4,029,228	201.00
202.00		Total (see instructions)	110,596,033	0	110,596,033	0	110,596,033	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

			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	17,724,016		17,724,016			30.00
31.00	03100	INTENSIVE CARE UNIT	4,053,496		4,053,496			31.00
43.00	04300	NURSERY	767,713		767,713			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,904,647	24,118,188	33,022,835	0.212674	0.000000	50.00
51.00	05100	RECOVERY ROOM	666,649	1,880,295	2,546,944	0.300273	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	891,147	0	891,147	1.082347	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,627,905	3,180,828	4,808,733	0.630956	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,812,572	11,653,118	14,465,690	0.343849	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,326,984	5,268,158	6,595,142	0.096468	0.000000	54.01
57.00	05700	CT SCAN	10,068,302	33,657,323	43,725,625	0.030951	0.000000	57.00
60.00	06000	LABORATORY	21,256,282	29,326,495	50,582,777	0.100457	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,439,346	2,486,623	8,925,969	0.190703	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,200,854	6,028,793	8,229,647	0.510889	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	6,406,131	21,211,750	27,617,881	0.093632	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,972,915	10,203,386	21,176,301	0.684536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,621,847	7,549,819	12,171,666	0.197407	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,327,549	36,545,759	58,873,308	0.165430	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,254,123	33,352,979	35,607,102	0.149944	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,718,004	1,718,004	1.602879	0.000000	88.00
90.00	09000	CLINIC	115,607	7,695,260	7,810,867	0.320357	0.000000	90.00
90.01	09001	URGENT CARE	0	0	0	0.000000	0.000000	90.01
90.02	09002	CLINIC	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	4,945,530	17,260,339	22,205,869	0.293145	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,398,685	6,586,483	7,985,168	0.504589	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,618,794	4,618,794	0.491953	0.000000	95.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,142,407	2,142,407			116.00
200.00		Subtotal (see instructions)	131,782,300	266,484,801	398,267,101			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	131,782,300	266,484,801	398,267,101			202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
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
51.00	05100	RECOVERY ROOM	0.000000		51.00
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	05401	NUCLEAR MEDICINE-DIAG	0.000000		54.01
57.00	05700	CT SCAN	0.000000		57.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	URGENT CARE	0.000000		90.01
90.02	09002	CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		2,641,085	0	2,641,085	21,177	124.71	30.00
31.00	INTENSIVE CARE UNIT		548,996		548,996	2,601	211.07	31.00
43.00	NURSERY		96,740		96,740	1,103	87.71	43.00
200.00	Total (lines 30 through 199)		3,286,821		3,286,821	24,881		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		6,435	802,509				
31.00	INTENSIVE CARE UNIT		1,350	284,945				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		7,785	1,087,454				

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,207,928	33,022,835	0.036579	2,640,872	96,600	50.00
51.00	05100	RECOVERY ROOM	64,407	2,546,944	0.025288	199,513	5,045	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,642	891,147	0.140989	2,474	349	52.00
53.00	05300	ANESTHESIOLOGY	77,656	4,808,733	0.016149	468,680	7,569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	587,655	14,465,690	0.040624	1,219,278	49,532	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	66,784	6,595,142	0.010126	460,061	4,659	54.01
57.00	05700	CT SCAN	66,783	43,725,625	0.001527	3,912,545	5,974	57.00
60.00	06000	LABORATORY	319,413	50,582,777	0.006315	8,919,097	56,324	60.00
65.00	06500	RESPIRATORY THERAPY	78,538	8,925,969	0.008799	1,975,670	17,384	65.00
66.00	06600	PHYSICAL THERAPY	697,871	8,229,647	0.084800	784,635	66,537	66.00
69.00	06900	ELECTROCARDIOLOGY	374,043	27,617,881	0.013544	2,103,360	28,488	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	181,036	21,176,301	0.008549	3,891,510	33,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,952	12,171,666	0.001475	1,616,190	2,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,993	58,873,308	0.003329	7,963,671	26,511	73.00
74.00	07400	RENAL DIALYSIS	666,166	35,607,102	0.018709	1,026,361	19,202	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	636,938	1,718,004	0.370743	0	0	88.00
90.00	09000	CLINIC	66,137	7,810,867	0.008467	114,551	970	90.00
90.01	09001	URGENT CARE	114,326	0	0.000000	0	0	90.01
90.02	09002	CLINIC	7,448	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	714,559	22,205,869	0.032179	1,849,069	59,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	457,080	7,985,168	0.057241	808,203	46,262	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		6,724,355	368,960,675		39,955,740	526,560	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS						Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/27/2020 11:44 am	
						Title XVIII		Hospital		PPS	
Cost Center Description						Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
						1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description						Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
						4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	21,177	0.00	6,435	30.00		
31.00	03100	INTENSIVE CARE UNIT			0	2,601	0.00	1,350	31.00		
43.00	04300	NURSERY			0	1,103	0.00	0	43.00		
200.00		Total (lines 30 through 199)			0	24,881		7,785	200.00		
Cost Center Description						Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
						9.00					
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	30.00						
31.00	03100	INTENSIVE CARE UNIT		0	31.00						
43.00	04300	NURSERY		0	43.00						
200.00		Total (lines 30 through 199)		0	200.00						

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/27/2020 11:44 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG		0	0	0	0	0	54.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	URGENT CARE		0	0	0	0	0	90.01
90.02	09002	CLINIC		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part IV  
Date/Time Prepared:  
2/27/2020 11:44 am

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	33,022,835	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,546,944	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	891,147	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,808,733	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,465,690	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0	0	6,595,142	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	43,725,625	0.000000	57.00
60.00	06000	LABORATORY	0	0	0	50,582,777	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,925,969	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,229,647	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,617,881	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,176,301	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,171,666	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,873,308	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	35,607,102	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	1,718,004	0.000000	88.00
90.00	09000	CLINIC	0	0	0	7,810,867	0.000000	90.00
90.01	09001	URGENT CARE	0	0	0	0	0.000000	90.01
90.02	09002	CLINIC	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	22,205,869	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,985,168	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	368,960,675		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part IV  
Date/Time Prepared:  
2/27/2020 11:44 am

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	2,640,872	0	5,525,352	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	199,513	0	369,795	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	2,474	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	468,680	0	525,452	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,219,278	0	2,892,722	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.000000	460,061	0	1,481,169	0	54.01
57.00	05700	CT SCAN	0.000000	3,912,545	0	8,079,956	0	57.00
60.00	06000	LABORATORY	0.000000	8,919,097	0	4,176,014	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,975,670	0	743,841	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	784,635	0	22,746	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,103,360	0	6,043,424	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,891,510	0	2,233,631	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,616,190	0	2,701,121	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,963,671	0	10,621,268	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,026,361	0	230,561	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	114,551	0	3,203,936	0	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	1,849,069	0	2,843,197	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	808,203	0	1,714,385	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		39,955,740	0	53,408,570	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/27/2020 11:44 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.207559	5,525,352	0	0	1,146,837	50.00
51.00	05100	RECOVERY ROOM	0.300273	369,795	0	0	111,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.930711	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.630956	525,452	0	0	331,537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.342097	2,892,722	0	0	989,592	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.096468	1,481,169	0	0	142,885	54.01
57.00	05700	CT SCAN	0.030951	8,079,956	0	0	250,083	57.00
60.00	06000	LABORATORY	0.100457	4,176,014	0	0	419,510	60.00
65.00	06500	RESPIRATORY THERAPY	0.190703	743,841	0	0	141,853	65.00
66.00	06600	PHYSICAL THERAPY	0.508836	22,746	0	0	11,574	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093632	6,043,424	0	0	565,858	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536	2,233,631	0	0	1,529,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.197407	2,701,121	0	0	533,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165430	10,621,268	858	146,876	1,757,076	73.00
74.00	07400	RENAL DIALYSIS	0.149944	230,561	0	0	34,571	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000	CLINIC	0.296569	3,203,936	0	0	950,188	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.288581	2,843,197	0	0	820,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504589	1,714,385	0	0	865,060	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.491953		0			95.00
200.00		Subtotal (see instructions)		53,408,570	858	146,876	10,600,377	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)		53,408,570	858	146,876	10,600,377	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part V  
Date/Time Prepared:  
2/27/2020 11:44 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0		54.01
57.00	05700	CT SCAN	0	0		57.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142	24,298		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	URGENT CARE	0	0		90.01
90.02	09002	CLINIC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	142	24,298		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	142	24,298		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 11-0105

Period:

Worksheet D

Component CCN: 11-U105

From 10/01/2018  
To 09/30/2019Part V  
Date/Time Prepared:  
2/27/2020 11:44 am

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	0.207559	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.300273	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.930711	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.630956	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.342097	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAG	0.096468	0	0	0	0	54.01
57.00	05700 CT SCAN	0.030951	0	0	0	0	57.00
60.00	06000 LABORATORY	0.100457	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.190703	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.508836	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093632	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.197407	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.165430	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.149944	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000 CLINIC	0.296569	0	0	0	0	90.00
90.01	09001 URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002 CLINIC	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.288581	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.504589	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.491953		0			95.00
200.00	Subtotal (see instructions)		0	0	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	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 11-0105

Period:

From 10/01/2018  
To 09/30/2019

Worksheet D

Part V

Date/Time Prepared:  
2/27/2020 11:44 am

Component CCN: 11-U105

Title XVIII

Swing Beds - SNF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0	54.01
57.00	05700	CT SCAN	0	0	57.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	URGENT CARE	0	0	90.01
90.02	09002	CLINIC	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part V  
Date/Time Prepared:  
2/27/2020 11:44 am

			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	0.212674	0	776,983	0	0	50.00
51.00	05100	RECOVERY ROOM	0.300273	0	68,302	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.082347	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.630956	0	97,433	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.343849	0	601,247	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.096468	0	753,893	0	0	54.01
57.00	05700	CT SCAN	0.030951	0	1,197,924	0	0	57.00
60.00	06000	LABORATORY	0.100457	0	91,047	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.190703	0	219,078	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.510889	0	91,759	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093632	0	552,774	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536	0	379,623	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.197407	0	130,378	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165430	0	623,367	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.149944	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1.602879				0	88.00
90.00	09000	CLINIC	0.320357	0	467,699	0	0	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.293145	0	901,045	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504589	0	272,116	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.491953	0	0			95.00
200.00		Subtotal (see instructions)		0	7,224,668	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	7,224,668	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet D  
Part V  
Date/Time Prepared:  
2/27/2020 11:44 am

			Title XIX		Hospital	Cost
	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	165,244	0	50.00	
51.00	05100	RECOVERY ROOM	20,509	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	61,476	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	206,738	0	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAG	72,727	0	54.01	
57.00	05700	CT SCAN	37,077	0	57.00	
60.00	06000	LABORATORY	9,146	0	60.00	
65.00	06500	RESPIRATORY THERAPY	41,779	0	65.00	
66.00	06600	PHYSICAL THERAPY	46,879	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	51,757	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	259,866	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,738	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	103,124	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00	
90.00	09000	CLINIC	149,831	0	90.00	
90.01	09001	URGENT CARE	0	0	90.01	
90.02	09002	CLINIC	0	0	90.02	
91.00	09100	EMERGENCY	264,137	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	137,307	0	92.00	
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00	
200.00		Subtotal (see instructions)	1,653,335	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	1,653,335	0	202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 11:44 am
		Title XVIII	Hospital	PPS
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,067	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,177	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)		17,512	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		130	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)		399	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		340	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)		1,021	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,435	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)		130	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)		399	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)		23,281,485	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)		23,281,485	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)		23,281,485	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)		1,099.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,074,510	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)		7,074,510	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet D-1

Date/Time Prepared:  
2/27/2020 11:44 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,340,879	2,601	1,668.93	1,350	2,253,056
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,787,239
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,114,805
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,087,454
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					526,560
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,614,014
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,500,791
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					3,665
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,099.38
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,029,228

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet D-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Title XVIII		Hospital		PPS	
		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	2,641,085	23,281,485	0.113441	4,029,228	457,080	90.00
91.00	Nursing School cost	0	23,281,485	0.000000	4,029,228	0	91.00
92.00	Allied health cost	0	23,281,485	0.000000	4,029,228	0	92.00
93.00	All other Medical Education	0	23,281,485	0.000000	4,029,228	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 11:44 am
		Title XIX	Hospital	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,067 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,177 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)			17,512 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			130 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)			399 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			340 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)			1,021 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			990 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)			1,103 15.00
16.00	Nursery days (title V or XIX only)			250 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)			23,517,962 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)			23,517,962 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)			23,517,962 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)			1,110.54 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,099,435 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)			1,099,435 41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet D-1

Date/Time Prepared:  
2/27/2020 11:44 am

		Title XIX		Hospital		2/27/2020 11:44 am Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	692,227	1,103	627.59	250	156,898	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,442,226	2,601	1,707.89	1,101	1,880,387	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)					2,661,521	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,798,241	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)					3,665	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,110.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,070,129	89.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet D-1

Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Title XIX		Hospital		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	2,641,085	23,517,962	0.112301	4,070,129	457,080	90.00
91.00	Nursing School cost	0	23,517,962	0.000000	4,070,129	0	91.00
92.00	Allied health cost	0	23,517,962	0.000000	4,070,129	0	92.00
93.00	All other Medical Education	0	23,517,962	0.000000	4,070,129	0	93.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3  Date/Time Prepared: 2/27/2020 11:44 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			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		5,773,127		30.00
31.00	03100	INTENSIVE CARE UNIT		1,886,672		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.207559	2,640,872	548,137	50.00
51.00	05100	RECOVERY ROOM	0.300273	199,513	59,908	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.930711	2,474	2,303	52.00
53.00	05300	ANESTHESIOLOGY	0.630956	468,680	295,716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.342097	1,219,278	417,111	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.096468	460,061	44,381	54.01
57.00	05700	CT SCAN	0.030951	3,912,545	121,097	57.00
60.00	06000	LABORATORY	0.100457	8,919,097	895,986	60.00
65.00	06500	RESPIRATORY THERAPY	0.190703	1,975,670	376,766	65.00
66.00	06600	PHYSICAL THERAPY	0.508836	784,635	399,251	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093632	2,103,360	196,942	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536	3,891,510	2,663,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.197407	1,616,190	319,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165430	7,963,671	1,317,430	73.00
74.00	07400	RENAL DIALYSIS	0.149944	1,026,361	153,897	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.296569	114,551	33,972	90.00
90.01	09001	URGENT CARE	0.000000	0	0	90.01
90.02	09002	CLINIC	0.000000	0	0	90.02
91.00	09100	EMERGENCY	0.288581	1,849,069	533,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504589	808,203	407,810	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		39,955,740	8,787,239	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)		39,955,740		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3
			Component CCN: 11-U105	Date/Time Prepared: 2/27/2020 11:44 am	
			Title XVIII	Swing Beds - SNF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.207559	0	50.00
51.00	05100	RECOVERY ROOM	0.300273	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.930711	0	52.00
53.00	05300	ANESTHESIOLOGY	0.630956	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.342097	9,390	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.096468	0	54.01
57.00	05700	CT SCAN	0.030951	5,061	57.00
60.00	06000	LABORATORY	0.100457	102,593	60.00
65.00	06500	RESPIRATORY THERAPY	0.190703	28,864	65.00
66.00	06600	PHYSICAL THERAPY	0.508836	138,371	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093632	4,227	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536	64,867	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.197407	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165430	222,462	73.00
74.00	07400	RENAL DIALYSIS	0.149944	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
90.00	09000	CLINIC	0.296569	0	90.00
90.01	09001	URGENT CARE	0.000000	0	90.01
90.02	09002	CLINIC	0.000000	0	90.02
91.00	09100	EMERGENCY	0.288581	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504589	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		575,835	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)		575,835	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 11:44 am	
Cost Center Description			Title XIX	Hospital	Cost	
			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		1,547,379		30.00
31.00	03100	INTENSIVE CARE UNIT		495,722		31.00
43.00	04300	NURSERY		144,406		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.212674	763,574	162,392	50.00
51.00	05100	RECOVERY ROOM	0.300273	68,713	20,633	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.082347	166,012	179,683	52.00
53.00	05300	ANESTHESIOLOGY	0.630956	118,529	74,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.343849	330,275	113,565	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.096468	756,849	73,012	54.01
57.00	05700	CT SCAN	0.030951	221,640	6,860	57.00
60.00	06000	LABORATORY	0.100457	2,378,696	238,957	60.00
65.00	06500	RESPIRATORY THERAPY	0.190703	619,238	118,091	65.00
66.00	06600	PHYSICAL THERAPY	0.510889	172,890	88,328	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093632	419,647	39,292	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.684536	1,138,553	779,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.197407	352,400	69,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165430	2,421,771	400,634	73.00
74.00	07400	RENAL DIALYSIS	0.149944	378,123	56,697	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1.602879	0	0	88.00
90.00	09000	CLINIC	0.320357	1,056	338	90.00
90.01	09001	URGENT CARE	0.000000	0	0	90.01
90.02	09002	CLINIC	0.000000	0	0	90.02
91.00	09100	EMERGENCY	0.293145	462,141	135,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504589	205,773	103,831	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,975,880	2,661,521	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)		10,975,880		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 11:44 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,739,888	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		367,755	2.04
3.00	Managed Care Simulated Payments		6,509,991	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		82.78	4.00
<b>Indirect Medical Education Adjustment</b>				
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		10.23	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		10.23	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.123581	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.078369	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.078369	21.00
22.00	IME payment adjustment (see instructions)		449,883	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		272,697	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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)		449,883	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		272,697	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.02	31.00
32.00	Sum of lines 30 and 31		33.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.62	33.00
34.00	Disproportionate share adjustment (see instructions)		446,242	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000196601		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	1,626,454		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	1,626,454		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,626,454			36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	13,630,222			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	13,094,416			48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		13,902,919		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		949,755		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).		567,167		52.00
53.00	Nursing and Allied Health Managed Care payment		0		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).		0		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)		15,419,841		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,419,841		61.00
62.00	Deductibles billed to program beneficiaries		1,419,424		62.00
63.00	Coinurance billed to program beneficiaries		114,012		63.00
64.00	Allowable bad debts (see instructions)		401,654		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		261,075		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		135,197		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,147,480		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		72,348		70.93
70.94	HRR adjustment amount (see instructions)		-182,577		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			14,037,251	71.00
71.01	Sequestration adjustment (see instructions)			280,745	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			14,281,195	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-524,689	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,185,677	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/27/2020 11:44 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,739,888	0		10,739,888	10,739,888	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	367,755		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	367,755	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,509,991	0	0	6,509,991	6,509,991	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.078369	0.078369	0.078369	0.078369		5.00
6.00	IME payment adjustment (see instructions)	22.00	449,883	0	0	449,883	449,883	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	272,697	0	0	272,697	272,697	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	449,883	0	0	449,883	449,883	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	272,697	0	0	272,697	272,697	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1662	0.1662	0.1662	0.1662		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	446,242	0	0	446,242	446,242	11.00
11.01	Uncompensated care payments	36.00	1,626,454	0	0	1,626,454	1,626,454	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,630,222	0	367,755	13,262,467	13,630,222	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,902,919	0	367,755	13,535,164	13,902,919	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	949,755	0	0	949,755	949,755	16.00

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/27/2020 11:44 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	367,755	14,484,919	14,852,674
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	853,122	0	0	853,122	853,122
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	51,076	0	0	51,076	51,076
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0534	0.0534	0.0534	0.0534	
23.00	Indirect medical education adjustment (see instructions)	6.00	45,557	0	0	45,557	45,557
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	949,755	0	0	949,755	949,755
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				



## HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/27/2020 11:44 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,739,888		10,739,888	10,739,888	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	367,755		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	367,755		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,509,991	0	6,509,991	6,509,991	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.078369	0.078369	0.078369		5.00
6.00	IME payment adjustment (see instructions)	22.00	449,883	0	449,883	449,883	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	272,697	0	272,697	272,697	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	449,883	0	449,883	449,883	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	272,697	0	272,697	272,697	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1662	0.1662	0.1662		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	446,242	0	446,242	446,242	11.00
11.01	Uncompensated care payments	36.00	1,626,454	0	1,626,454	1,626,454	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,630,222	367,755	13,262,467	13,630,222	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,902,919	367,755	13,535,164	13,902,919	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	949,755	0	949,755	949,755	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			367,755	14,484,919	14,852,674	19.00

## HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/27/2020 11:44 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	853,122	0	853,122	853,122	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	51,076	0	51,076	51,076	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0534	0.0534	0.0534		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	45,557	0	45,557	45,557	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	949,755	0	949,755	949,755	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	72,348	0	72,348	72,348	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-182,577	0	-182,577	-182,577	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/27/2020 11:44 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		24,440	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,600,377	2.00
3.00	OPPS payments		10,665,168	3.00
4.00	Outlier payment (see instructions)		29,253	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,440	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		147,734	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)		147,734	14.00
<b>Customary charges</b>				
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)		147,734	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		123,294	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)		24,440	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)		10,694,421	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,021,184	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)		8,697,677	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		334,116	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)		9,031,793	30.00
31.00	Primary payer payments		3,483	31.00
32.00	Subtotal (line 30 minus line 31)		9,028,310	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		139,018	33.00
34.00	Allowable bad debts (see instructions)		601,098	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		390,714	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		254,609	36.00
37.00	Subtotal (see instructions)		9,558,042	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-226	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)		9,558,268	40.00
40.01	Sequestration adjustment (see instructions)		191,165	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,314,164	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		52,939	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet E-1  
Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,057,028		9,157,156	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	01/28/2019	3,245	01/28/2019	1,648	3.01
3.02		05/09/2019	220,922	05/09/2019	155,360	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)		224,167		157,008	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)		14,281,195		9,314,164	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		0		52,939	6.01
6.02	SETTLEMENT TO PROGRAM		524,689		0	6.02
7.00	Total Medicare program liability (see instructions)		13,756,506		9,367,103	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 11-0105

Period:

Worksheet E-1

Component CCN: 11-U105

From 10/01/2018  
To 09/30/2019Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

		Title XVIII		Swing Beds - SNF		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		129,532		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	05/09/2019	361		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)		-361		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)		129,171		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		232		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		129,403		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet E-1  
Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Title XVIII

Hospital

PPS

1.00

## TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

## HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E-2	
		Component CCN: 11-U105		Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		145,186	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		529	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		145,186	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		145,186	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		145,186	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		13,407	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		131,779	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		408	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		265	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		63	0	18.00
19.00	Total (see instructions)		132,044	0	19.00
19.01	Sequestration adjustment (see instructions)		2,641	0	19.01
19.02	Demonstration payment adjustment amount after sequestration		0	0	19.02
20.00	Interim payments		129,171	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		232	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 2/27/2020 11:44 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5,798,241		1.00
2.00	Medical and other services			1,653,335	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,798,241	1,653,335	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			933	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,798,241	1,652,402	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,187,507		8.00
9.00	Ancillary service charges		10,975,880	7,224,668	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		13,163,387	7,224,668	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		13,163,387	7,224,668	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		7,365,146	5,571,333	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		5,798,241	1,653,335	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5,798,241	1,653,335	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,798,241	1,652,402	31.00
32.00	Deductibles		75,549	0	32.00
33.00	Coinurance		0	6,735	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5,722,692	1,645,667	36.00
37.00	4.23% O/P REDUCTION		0	-69,936	37.00
38.00	Subtotal (line 36 ± line 37)		5,722,692	1,575,731	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5,722,692	1,575,731	40.00
41.00	Interim payments		3,566,909	1,517,788	41.00
42.00	Balance due provider/program (line 40 minus line 41)		2,155,783	57,943	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 11-0105		Period: From 10/01/2018 To 09/30/2019		Worksheet E-4 Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					0.00	6.00
7.00	Enter the lesser of line 5 or line 6					0.00	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	0.00	0.00			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00			14.00	
15.00	Adjustment for residents in initial years of new programs	10.23	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	10.23	0.00			17.00	
18.00	Per resident amount	151,499.88	0.00			18.00	
19.00	Approved amount for resident costs	1,549,844	0	1,549,844		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			108,214.20		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			1,549,844		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	7,785	4,664			26.00	
27.00	Total Inpatient Days (see instructions)	20,274	20,274			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.383989	0.230048			28.00	
29.00	Program direct GME amount	595,123	356,539			29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		50,379			30.00	
31.00	Net Program direct GME amount			901,283		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			35,607,102	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			18,259,991	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			18,259,991	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			10,760,403	42.00
43.00	Primary payer payments (see instructions)			3,531	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			10,756,872	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			29,016,863	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.629289	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.370711	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			901,283	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			567,167	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			334,116	50.00

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

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet G

Date/Time Prepared:  
2/27/2020 11:44 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,210,424	0	0	0	1.00
2.00	Temporary investments	675,249	0	0	0	2.00
3.00	Notes receivable	278,446	0	0	0	3.00
4.00	Accounts receivable	68,819,472	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	-51,910,819	0	0	0	7.00
8.00	Prepaid expenses	4,411,137	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	2,407,707	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	36,891,616	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,432,528	0	0	0	12.00
13.00	Land improvements	3,475,156	0	0	0	13.00
14.00	Accumulated depreciation	-2,292,730	0	0	0	14.00
15.00	Buildings	100,023,810	0	0	0	15.00
16.00	Accumulated depreciation	-38,963,706	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	19,177,750	0	0	0	19.00
20.00	Accumulated depreciation	-14,010,080	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	80,602,660	0	0	0	23.00
24.00	Accumulated depreciation	-58,135,634	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)	91,309,754	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	53,487,535	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	2,438,507	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	55,926,042	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	184,127,412	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,896,391	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,247,963	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,165,267	0	0	0	40.00
41.00	Deferred income	3,788	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	1,036,243	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,349,652	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	46,199,177	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	840,097	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,039,274	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	72,388,926	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	111,738,486	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)	111,738,486	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	184,127,412	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet G-1

Date/Time Prepared:  
2/27/2020 11:44 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		106,116,765		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,268,585				2.00
3.00	Total (sum of line 1 and line 2)		111,385,350		0		3.00
4.00	CAPITAL CONTRIBUTIONS	298,545		0		0	4.00
5.00	CAPITAL CONTRIBUTIONS	54,591		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		353,136		0		10.00
11.00	Subtotal (line 3 plus line 10)		111,738,486		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		111,738,486		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	CAPITAL CONTRIBUTIONS		0				4.00
5.00	CAPITAL CONTRIBUTIONS		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: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	16,472,184		16,472,184	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	1,251,832		1,251,832	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)	17,724,016		17,724,016	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	4,053,496		4,053,496	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)	4,053,496		4,053,496	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	21,777,512		21,777,512	17.00
18.00	Ancillary services	102,777,253	226,463,514	329,240,767	18.00
19.00	Outpatient services	6,344,215	31,657,689	38,001,904	19.00
20.00	RURAL HEALTH CLINIC	0	1,718,004	1,718,004	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	4,618,794	4,618,794	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,142,407	2,142,407	26.00
27.00	OTHER PATIENT SERVICE REVENUES	7,790,426	19,205,510	26,995,936	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	138,689,406	285,805,918	424,495,324	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		160,685,521		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)		160,685,521		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 11-0105

Period:  
From 10/01/2018  
To 09/30/2019

Worksheet G-3

Date/Time Prepared:  
2/27/2020 11:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	424,495,324	1.00
2.00	Less contractual allowances and discounts on patients' accounts	290,884,547	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,610,777	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	160,685,521	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-27,074,744	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,677,954	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	5,467	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	778,941	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	1,066,238	17.00
18.00	Revenue from sale of medical records and abstracts	1,534	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	83,055	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS OTHER	3,656,702	24.00
24.01	CRH NET PATIENT REV	2,557,068	24.01
24.02	CRM NET PATIENT REV	22,607,367	24.02
24.05	SALE OF ASSETS	-90,997	24.05
25.00	Total other income (sum of lines 6-24)	32,343,329	25.00
26.00	Total (line 5 plus line 25)	5,268,585	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,268,585	29.00

## ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 11-0105

Period:

Worksheet I-1

Component CCN: 11-2314

From 10/01/2018  
To 09/30/2019Date/Time Prepared:  
2/27/2020 11:44 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	335,015	HOURS OF SERVICE	10,057.00	4.84
2.00	LICENSED PRACTICAL NURSES	289,850	HOURS OF SERVICE	15,792.00	7.59
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	15,331	HOURS OF SERVICE	1,464.00	0.70
5.00	SOCIAL WORKERS	45,500	HOURS OF SERVICE	2,076.00	1.00
6.00	DIETICIANS	47,647	HOURS OF SERVICE	2,024.00	0.97
7.00	PHYSICIANS	37,568	ACCUMULATED COST		
8.00	NON-PATIENT CARE SALARY	182,536	ACCUMULATED COST		
9.00	SUBTOTAL (SUM OF LINES 1-8)	953,447			
10.00	EMPLOYEE BENEFITS	69,306	SALARY		
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		
13.00	MACHINE COSTS & REPAIRS	40,647	PERCENTAGE OF TIME		
14.00	SUPPLIES	16,912	REQUISITIONS		
15.00	DRUGS	476,688	REQUISITIONS		
16.00	OTHER	289,846	ACCUMULATED COST		
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,846,846			
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	186,714	SQUARE FEET		
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	239,644	PERCENTAGE OF TIME		
20.00	EMPLOYEE BENEFITS DEPARTMENT	148,530	SALARY		
21.00	ADMINISTRATIVE & GENERAL	503,474	ACCUMULATED COST		
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	697,686	SQUARE FEET		
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			
24.00	CENTRAL SERVICE & SUPPLIES	154,960	REQUISITIONS		
25.00	PHARMACY	1,482,427	REQUISITIONS		
26.00	OTHER ALLOCATED COSTS	78,804	ACCUMULATED COST		
27.00	SUBTOTAL (SUM OF LINES 17-26)*	5,339,085			
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0	
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0	
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0	
31.00	TOTAL COSTS (SUM OF LINES 27-30)	5,339,085			

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES					Provider CCN: 11-0105 Component CCN: 11-2314	Period: From 10/01/2018 To 09/30/2019	Worksheet 1-2 Date/Time Prepared: 2/27/2020 11:44 am	
		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
1.00	Total Renal Department Costs	884,400	280,291	335,015	398,328	217,836	1,959,115	1.00
MAINTENANCE								
2.00	Hemodialysis	826,338	261,889	313,029	372,171	203,533	1,821,977	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	58,062	18,402	21,986	26,157	14,303	137,138	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						476,688	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	884,400	280,291	335,015	398,328	217,836	1,959,115	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col.s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	171,872	0	4,246,857	1,092,228	5,339,085		1.00
MAINTENANCE								
2.00	Hemodialysis	159,841	0	3,958,778	1,018,138	4,976,916		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	12,031	0	288,079	74,090	362,169		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	171,872	0	4,246,857	1,092,228	5,339,085		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,339,085		19.00



## DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105

Period:

From 10/01/2018

To 09/30/2019

Worksheet 1-3

Component CCN: 11-2314

Date/Time Prepared:

2/27/2020 11:44 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	884,400	280,291	335,015	398,328	217,836	1.00
MAINTENANCE							
2.00	Hemodialysis	10,247	10,247.00	9,397.00	25,867.00	890,842	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	841	720	720.00	660.00	1,818.00	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,967	10,967.00	10,057.00	27,685.00	953,447	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	80.641926	25.557673	33.311624	14.387863	0.228472	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	1,959,115	171,872	0	4,246,857	1,092,228	1.00
MAINTENANCE							
2.00	Hemodialysis	93	93	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	7	7	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	100	100	0		4,246,857	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	19,591.150000	1,718.720000	0.000000		0.257185	18.00

## COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 11-0105

Period:

Worksheet 1-4

Component CCN: 11-2314

From 10/01/2018  
To 09/30/2019Date/Time Prepared:  
2/27/2020 11:44 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	12,808	4,976,916	388.58	8,154	3,168,481
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	12,808	4,976,916		8,154	3,168,481
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	12,808				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	2,116,396	259.55			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,116,396				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet 1-5 Date/Time Prepared: 2/27/2020 11:44 am	
			1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>					
1.00	Total expenses related to care of program beneficiaries (see instructions)		3,168,481		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)		2,116,396	2,116,396	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)				2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)				2.02
2.03	Total payment due (see instructions)		2,116,396	2,116,396	2.03
2.04	Outlier payments		198,846		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		301	301	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)				3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)				3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)		301	301	3.03
4.00	Coinurance billed to Medicare (Part B) patients		423,219	423,219	4.00
4.01	Coinurance billed to Medicare (Part B) patients (see instructions)				4.01
4.02	Coinurance billed to Medicare (Part B) patients (see instructions)				4.02
4.03	Total coinurance billed to Medicare (Part B) patients (see instructions)		423,219	423,219	4.03
5.00	Bad debts for deductibles and coinurance, net of bad debt recoveries		0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012				5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013				5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014				5.03
5.04	100% PPS bad debts for deductibles and coinurance net of bad debt recoveries for services rendered on or after 1/1/2014		213,874	213,874	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		213,874	213,874	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		139,018		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		98,501		7.00
8.00	Net deductibles and coinurance billed to Medicare (Part B) patients (see instructions)		0	209,646	8.00
9.00	Program payment (see instructions)		0	1,692,876	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		139,018		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>					
12.00	Total allowable expenses (see instructions)		4,976,916		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)		4,976,916		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		1.000000		14.00

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 11-0105

Period:

Worksheet 0

Hospice CCN: 11-1542

From 10/01/2018

To 09/30/2019

Date/Time Prepared:  
2/27/2020 11:44 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		135,864	135,864	-135,864	0
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	36,618	36,618	0	36,618
4.00	ADMINISTRATIVE & GENERAL*	123,634	100,785	224,419	0	224,419
5.00	PLANT OPERATION & MAINTENANCE*	0	9,698	9,698	0	9,698
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	105,471	2,515	107,986	0	107,986
14.00	PHARMACY*	0	2,687	2,687	0	2,687
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		45,997	45,997	0	45,997
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	262,895	15,817	278,712	0	278,712
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	164	17	181	0	181
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	87,821	4,701	92,522	0	92,522
34.00	SPIRITUAL COUNSELING**	14,408	0	14,408	0	14,408
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	89,662	12,936	102,598	0	102,598
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	14,302	3,148	17,450	0	17,450
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	10,445	0	10,445	0	10,445
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	94,266	94,266	0	94,266
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	708,802	465,049	1,173,851	-135,864	1,037,987

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 11-0105

Period:

Worksheet 0

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Date/Time Prepared:  
2/27/2020 11:44 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	36,618	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	224,419	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	9,698	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	107,986	13.00
14.00	PHARMACY*	0	2,687	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	45,997	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	278,712	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	181	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	92,522	33.00
34.00	SPIRITUAL COUNSELING**	0	14,408	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	102,598	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	17,450	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	10,445	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	94,266	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,037,987	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 11-0105

Period:

Worksheet 0-2

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019

Date/Time Prepared:

2/27/2020 11:44 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	261,705	15,745	277,450	0	277,450	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	164	17	181	0	181	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	87,424	4,680	92,104	0	92,104	33.00
34.00	SPIRITUAL COUNSELING	14,343	0	14,343	0	14,343	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	89,256	12,877	102,133	0	102,133	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	14,238	3,134	17,372	0	17,372	46.00
100.00	TOTAL *	467,130	36,453	503,583	0	503,583	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	277,450	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	181	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	92,104	33.00
34.00	SPIRITUAL COUNSELING	0	14,343	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	102,133	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	17,372	46.00
100.00	TOTAL *	0	503,583	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRATORY CARE

Provider CCN: 11-0105

Period:

Worksheet 0-3

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019

Date/Time Prepared:

2/27/2020 11:44 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		28,748	28,748	0	28,748	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	744	45	789	0	789	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	248	13	261	0	261	33.00
34.00	SPIRITUAL COUNSELING	41	0	41	0	41	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	254	37	291	0	291	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	40	9	49	0	49	46.00
100.00	TOTAL *	1,327	28,852	30,179	0	30,179	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	28,748	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	789	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	261	33.00
34.00	SPIRITUAL COUNSELING	0	41	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	291	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	49	46.00
100.00	TOTAL *	0	30,179	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.



COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET  
EXPENSES FOR ALLOCATION

Provider CCN: 11-0105

Period:

Worksheet 0-5

Hospice CCN: 11-1542

From 10/01/2018

To 09/30/2019

Date/Time Prepared:  
2/27/2020 11:44 am

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	25,997	25,997	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	33,367	33,367	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	36,618	110,419	147,037	3.00
4.00	ADMINISTRATIVE & GENERAL	224,419	259,289	483,708	4.00
5.00	PLANT OPERATION & MAINTENANCE	9,698	74,774	84,472	5.00
6.00	LAUNDRY & LINEN SERVICE	0	418	418	6.00
7.00	HOUSEKEEPING	0	22,369	22,369	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	98,632	98,632	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	11,282	11,282	10.00
11.00	MEDICAL RECORDS	0	5,146	5,146	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	107,986		107,986	13.00
14.00	PHARMACY	2,687	72,225	74,912	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	503,583		503,583	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	30,179		30,179	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,106		18,106	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	10,445		10,445	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	94,266		94,266	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,037,987	713,918	1,751,905	100.00

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	25,997	25,997					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,367		33,367				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	147,037	0	0	147,037			3.00
4.00	ADMINISTRATIVE & GENERAL	483,708	25,997	33,367	25,647	568,719		4.00
5.00	PLANT OPERATION & MAINTENANCE	84,472	0	0	0	84,472		5.00
6.00	LAUNDRY & LINEN SERVICE	418	0	0	0	418		6.00
7.00	HOUSEKEEPING	22,369	0	0	0	22,369		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	98,632	0	0	0	98,632		9.00
10.00	ROUTINE MEDICAL SUPPLIES	11,282	0	0	0	11,282		10.00
11.00	MEDICAL RECORDS	5,146	0	0	0	5,146		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	107,986	0	0	21,879	129,865		13.00
14.00	PHARMACY	74,912	0	0	0	74,912		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	503,583			96,904	600,487		51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	30,179	0	0	275	30,454		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,106	0	0	165	18,271		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	10,445	0	0	2,167	12,612		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	94,266				94,266		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,751,905	25,997	33,367	147,037	1,751,905		100.00

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Descriptions		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOSPICE HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	568,719					4.00
5.00	PLANT OPERATION & MAINTENANCE	44,118	128,590				5.00
6.00	LAUNDRY & LINEN SERVICE	218	0	636			6.00
7.00	HOUSEKEEPING	11,683	0		34,052		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	51,513	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,892	0		0		10.00
11.00	MEDICAL RECORDS	2,688	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	67,826	128,590		34,052		13.00
14.00	PHARMACY	39,125	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	313,621					51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	15,905	0	397	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9,543	0	239	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	6,587	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	568,719	128,590	636	34,052	0	100.00

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Descriptions		NURSING		ROUTINE		MEDICAL		Hospice I	
		ADMINISTRATION		MEDICAL SUPPLIES		RECORDS		STAFF TRANSPORTATION	
		VOLUNTEER SERVICE COORDINATION							
		9.00	10.00	11.00	12.00	13.00			
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT							1.00	
2.00	CAP REL COSTS-MVBLE EQUIP							2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00	
4.00	ADMINISTRATIVE & GENERAL							4.00	
5.00	PLANT OPERATION & MAINTENANCE							5.00	
6.00	LAUNDRY & LINEN SERVICE							6.00	
7.00	HOUSEKEEPING							7.00	
8.00	DIETARY							8.00	
9.00	NURSING ADMINISTRATION	150,145						9.00	
10.00	ROUTINE MEDICAL SUPPLIES	0	17,174					10.00	
11.00	MEDICAL RECORDS	0		7,834				11.00	
12.00	STAFF TRANSPORTATION	0				0		12.00	
13.00	VOLUNTEER SERVICE COORDINATION	0				0	360,333	13.00	
14.00	PHARMACY	0				0	0	14.00	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				0	0	15.00	
16.00	OTHER GENERAL SERVICE	0				0	0	16.00	
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00	
LEVEL OF CARE									
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00	
51.00	HOSPICE ROUTINE HOME CARE	149,513	17,096	7,799	0	0	350,890	51.00	
52.00	HOSPICE INPATIENT RESPIRE CARE	421	49	22	0	0	998	52.00	
53.00	HOSPICE GENERAL INPATIENT CARE	211	29	13	0	0	599	53.00	
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	0				0	0	60.00	
61.00	VOLUNTEER PROGRAM	0				0	0	61.00	
62.00	FUNDRAISING	0				0	0	62.00	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0				0	0	63.00	
64.00	PALLIATIVE CARE PROGRAM	0				0	0	64.00	
65.00	OTHER PHYSICIAN SERVICES	0				0	0	65.00	
66.00	RESIDENTIAL CARE	0				0	0	66.00	
67.00	ADVERTISING	0				0	7,846	67.00	
68.00	TELEHEALTH/TELEMONITORING	0				0	0	68.00	
69.00	THRIFT STORE	0				0	0	69.00	
70.00	NURSING FACILITY ROOM & BOARD							70.00	
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0				0	0	71.00	
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00	
100.00	TOTAL	150,145	17,174	7,834	0	0	360,333	100.00	

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part I  
Date/Time Prepared:  
2/27/2020 11:44 am

Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	114,037					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	113,519	0	0		1,552,925	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	324	0	0	0	48,570	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	194	0	0	0	29,099	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		27,045	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					94,266	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	114,037	0	0	0	1,751,905	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	1,527					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		1,527				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	708,804			3.00
4.00	ADMINISTRATIVE & GENERAL	1,527	1,527	123,634	-568,719	1,088,920	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	84,472	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	418	6.00
7.00	HOUSEKEEPING	0	0	0	0	22,369	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	98,632	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	11,282	10.00
11.00	MEDICAL RECORDS	0	0	0	0	5,146	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	105,471	0	129,865	13.00
14.00	PHARMACY	0	0	0	0	74,912	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			467,129	0	600,487	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	1,328	0	30,454	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	797	0	18,271	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	10,445	0	12,612	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-94,266		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	25,997	33,367	147,037		568,719	100.00
101.00	UNIT COST MULTIPLIER	17.024885	21.851343	0.207444		0.522278	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,527					5.00
6.00	LAUNDRY & LINEN SERVICE	0	56				6.00
7.00	HOUSEKEEPING	0		1,527			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		1,426	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,527		1,527		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,420	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	35	0	0	4	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	21	0	0	2	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	128,590	636	34,052	0	150,145	100.00
101.00	UNIT COST MULTIPLIER	84.210871	11.357143	22.299935	0.000000	105.291024	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,370					10.00
11.00	MEDICAL RECORDS		12,370				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	479,699		13.00
14.00	PHARMACY			0	0	35,881	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	12,314	12,314	0	467,129	35,718	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	35	35	0	1,328	102	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	21	21	0	797	61	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	10,445	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	17,174	7,834	0	360,333	114,037	100.00
101.00	UNIT COST MULTIPLIER	1.388359	0.633306	0.000000	0.751165	3.178200	101.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 11-0105

Period:

Worksheet 0-6

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Part II  
Date/Time Prepared:  
2/27/2020 11:44 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0	0		99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY  
LEVEL OF CARE

Provider CCN: 11-0105

Period:

Worksheet 0-7

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019

Date/Time Prepared:  
2/27/2020 11:44 am

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	0	1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.508836	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.165430	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.100457	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.684536	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

## CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 11-0105

Period:

Worksheet 0-8

Hospice CCN: 11-1542

From 10/01/2018  
To 09/30/2019Date/Time Prepared:  
2/27/2020 11:44 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,552,925	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			12,314	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			126.11	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,596	852		9.00
10.00	Program cost (line 8 times line 9)	1,210,152	107,446		10.00
HOSPICE INPATIENT RESPIRE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			48,570	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			35	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,387.71	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	30	0		14.00
15.00	Program cost (line 13 times line 14)	41,631	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			29,099	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			21	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,385.67	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	13	0		19.00
20.00	Program cost (line 18 times line 19)	18,014	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,630,594	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			12,370	22.00
23.00	Average cost per diem (line 21 divided by line 22)			131.82	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 11-0105	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/27/2020 11:44 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier	853,122	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01	
2.00	Capital DRG outlier payments	51,076	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)	55.55	3.00	
4.00	Number of interns & residents (see instructions)	10.23	4.00	
5.00	Indirect medical education percentage (see instructions)	5.34	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)	45,557	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00	
9.00	Sum of lines 7 and 8	0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)	0	11.00	
12.00	Total prospective capital payments (see instructions)	949,755	12.00	
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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	

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 11-0105

Period:

Worksheet M-1

Component CCN: 11-3422

From 10/01/2018

Date/Time Prepared:

To 09/30/2019

2/27/2020 11:44 am

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	0	35,934	35,934	424,157	460,091
2.00	Physician Assistant	139,015	0	139,015	0	139,015
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	169,046	0	169,046	0	169,046
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1 through 9)	308,061	35,934	343,995	424,157	768,152
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	38,180	38,180	0	38,180
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	26,863	26,863	0	26,863
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	65,043	65,043	0	65,043
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	308,061	100,977	409,038	424,157	833,195
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	12,827	12,827	-37	12,790
30.00	Administrative Costs	138,784	179,199	317,983	0	317,983
31.00	Total Facility Overhead (sum of lines 29 and 30)	138,784	192,026	330,810	-37	330,773
32.00	Total facility costs (sum of lines 22, 28 and 31)	446,845	293,003	739,848	424,120	1,163,968

## ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 11-0105

Period:

Worksheet M-1

Component CCN: 11-3422

From 10/01/2018  
To 09/30/2019Date/Time Prepared:  
2/27/2020 11:44 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
<b>FACILITY HEALTH CARE STAFF COSTS</b>					
1.00	Physician	0	460,091		1.00
2.00	Physician Assistant	0	139,015		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	169,046		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	768,152		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	38,180		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	26,863		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	65,043		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	833,195		22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
<b>FACILITY OVERHEAD</b>					
29.00	Facility Costs	0	12,790		29.00
30.00	Administrative Costs	0	317,983		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	330,773		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	1,163,968		32.00

## ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 11-0105

Period:

Worksheet M-2

Component CCN: 11-3422

From 10/01/2018  
To 09/30/2019Date/Time Prepared:  
2/27/2020 11:44 am

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	1.99	6,356	4,200	8,358		1.00
2.00	Physician Assistant	1.00	4,243	2,100	2,100		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	2.99	10,599		10,458	10,599	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	2.99	10,599			10,599	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					833,195	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					833,195	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					330,773	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,589,784	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,920,557	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,920,557	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,920,557	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					2,753,752	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 11-0105 Component CCN: 11-3422	Period: From 10/01/2018 To 09/30/2019	Worksheet M-3 Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII	RHC I	Cost	
				1.00	
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			2,753,752	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			98,485	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			2,655,267	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			10,599	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			10,599	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			250.52	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, \$20.6 or your contractor)	83.45	84.70		8.00
9.00	Rate for Program covered visits (see instructions)	83.45	84.70		9.00
<b>CALCULATION OF SETTLEMENT</b>					
10.00	Program covered visits excluding mental health services (from contractor records)	421	1,186		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	35,132	100,454		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	135,586		16.00
16.01	Total program charges (see instructions)(from contractor's records)		204,807		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		250		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		166		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		85,008		16.04
16.05	Total program cost (see instructions)	0	85,174		16.05
17.00	Primary payer amounts		48		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		29,160		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		35,079		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		85,126		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		31,388		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		116,514		22.00
23.00	Allowable bad debts (see instructions)		854		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		555		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		117,069		26.00
26.01	Sequestration adjustment (see instructions)		2,341		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		83,476		27.00
28.00	Tentative settlement (for contractor use only)		0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		31,252		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0		30.00



COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 11-0105 Component CCN: 11-3422	Period: From 10/01/2018 To 09/30/2019	Worksheet M-4 Date/Time Prepared: 2/27/2020 11:44 am	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		768,152	768,152	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000893	0.012159	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		686	9,340	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		4,122	15,650	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		4,808	24,990	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		833,195	833,195	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,920,557	1,920,557	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.005771	0.029993	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		11,084	57,603	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		15,892	82,593	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		46	626	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		345.48	131.94	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		16	196	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		5,528	25,860	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			98,485	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			31,388	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 11-0105 Component CCN: 11-3422	Period: From 10/01/2018 To 09/30/2019	Worksheet M-5 Date/Time Prepared: 2/27/2020 11:44 am	
		RHC I	Cost		
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		82,061	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	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		01/28/2019	124	3.01	
3.02		05/09/2019	1,291	3.02	
3.03			0	3.03	
3.04			0	3.04	
3.05			0	3.05	
Provider to Program					
3.50			0	3.50	
3.51			0	3.51	
3.52			0	3.52	
3.53			0	3.53	
3.54			0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,415	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		83,476	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			0	5.01	
5.02			0	5.02	
5.03			0	5.03	
Provider to Program					
5.50			0	5.50	
5.51			0	5.51	
5.52			0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00	
6.01	SETTLEMENT TO PROVIDER		31,252	6.01	
6.02	SETTLEMENT TO PROGRAM		0	6.02	
7.00	Total Medicare program liability (see instructions)		114,728	7.00	
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00	2.00	
8.00	Name of Contractor				8.00

DSH Version 30

3/26/2019

**D. General Cost Report Year Information**

00/01/20 through 00/01/30/20

The following information is provided based on the information we received from the state. Please review this information for items through and select "Yes" or "No" to either agree or disagree with the accuracy of the information. If you disagree with one of these items, please provide the correct information along with supporting documentation when you submit your survey.

1. Select Your Facility from the Drop-Down Menu Provided:

COLLETT REGIONAL MEDICAL CENTER

2. Select Cost Report Year Covered by this Survey (Enter "00" for 00/01/20 through 00/01/30/20)

00/01/20 through 00/01/30/20

3. Status of Cost Report Used for this Survey (Should be audited if available):

1 - As Submitted

3a. Date CMS processed the HCRIS file into the HCRIS database:

3/21/2019

Hospital Name:

COLLETT REGIONAL MEDICAL CENTER

5. Medicaid Provider Number:

000002021A

6. Medicaid Subprovider Number 1 (Psychiatric or Rehab)

0

Medicaid Subprovider Number 2 (Psychiatric or Rehab)

0

Medicare Provider Number:

110105

Owner/Operator (Private State Govt., Non-State Govt., HIS/Tribal)

Non-State Govt.

DSH Pool Classification (Small Rural, Non-Small Rural, Urban)

Small Rural

Correct:

If Incorrect, Proper Information

Out of State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

9. State Name Number

10. State Name Number

11. State Name Number

12. State Name Number

13. State Name Number

14. State Name Number

15. State Name Number

(List additional states on a separate attachment)

State Name

Provider No.

**E. Disclosure of Medicaid / Uninsured Payments Received: 00/01/20 through 00/01/30/20**

1. Section 1011 Payment Related to Hospital Services Included in Exhibits B B-1 (See Note 1)

\$ -

2. Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B B-1 (See Note 1)

\$ -

3. Section 1011 Payment Related to Outpatient Hospital Services NOT Included in Exhibits B B-1 (See Note 1)

\$ -

Total Section Payments Related to Hospital Services (See Note 1)

\$ -

5. Section 1011 Payment Related to Non-Hospital Services Included in Exhibits B B-1 (See Note 1)

\$ -

6. Section 1011 Payment Related to Non-Hospital Services NOT Included in Exhibits B B-1 (See Note 1)

\$ -

Total Section Payments Related to Non-Hospital Services (See Note 1)

\$ -

Out of State DSH Payments (See Note 2)

\$ -

9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)

Inpatient

\$ 66,659

Outpatient

\$ 13,113

Total

\$ 79,772

10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)

\$ 521,230

\$ 3,116

\$ 524,346

11. Total Cash Basis Patient Payments Reported on Exhibit B (Agrees to Column N on Exhibit B, less physician and non-hospital portion of payments)

\$ 587,889

\$ 558,279

\$ 1,146,168

12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:

11.3%

1.06%

1.12%

13. Did your hospital receive any Medicaid managed care payments not paid at the claim level?

No

Should include all non-claim-specific payments such as lump sum payments for full Medicaid pricing, supplementals, quality payments, bonus payments, capitation payments received by the hospital (not by the MCO), or other incentive payments.

Total Medicaid managed care non-claims payments (see question 13 above) received applicable to hospital services

\$ -

15. Total Medicaid managed care non-claims payments (see question 13 above) received applicable to non-hospital services

\$ -

16. Total Medicaid managed care non-claims payments (see question 13 above) received

\$ -

Note 1: Subtitle B - Miscellaneous Provision, Section 1011 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 provides federal reimbursement for emergency health services furnished to undocumented aliens. If your hospital received these funds during any cost report year covered by the survey, they must be reported here. If you can document that a portion of the payment received is related to non-hospital services (physician or ambulance services), report that amount in the section titled "Section 1011 Payments Related to Non-Hospital Services." Otherwise report 100 percent of the funds you received in the section related to hospital services.

Note 2: Report any DSH payments your hospital received from a state Medicaid program (other than your home state). In-state DSH payments will be reported directly from the Medicaid program and should not be included in this section of the survey.

**II. LIUR / LIUR Qualifying Data from the Cost Report 0/0/20 0/30/20****1. Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 16, 1, 00-103, 30, 31 less lines 5 & 6)**

20,965

See Note in Section 3, below

**2. Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges Used in Low Income Utilization Ratio (LIUR) Calculation:**

2. Inpatient Hospital Subsidies  
3. Outpatient Hospital Subsidies  
4. Unspecified I/P and O/P Hospital Subsidies  
5. Non-Hospital Subsidies  
6. Total Hospital Subsidies

\$ -

7. Inpatient Hospital Charity Care Charges  
8. Outpatient Hospital Charity Care Charges  
9. Non-Hospital Charity Care Charges  
10. Total Charity Care Charges

\$ -

**3. Calculation of Net Hospital Revenue from Patient Services Used for LIUR (S 2 and 3 of Cost Report)**

**NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using C-S CRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.**

Total Patient Revenues (Charges)			Contractual Adjustments (formulas below can be overwritten if amounts are known)			Net Hospital Revenue
Inpatient Hospital	Outpatient Hospital	Non-Hospital	Inpatient Hospital	Outpatient Hospital	Non-Hospital	
11. Hospital	\$1,60,960.00		\$ 12,55,16	\$ -	\$ -	\$ 5,9,100
12. Subprovider I (Psych or Rehab)	\$0.00		\$ -	\$ -	\$ -	\$ -
13. Subprovider II (Psych or Rehab)	\$0.00		\$ -	\$ -	\$ -	\$ -
14. Swing Bed - SNF		\$6,616.00			\$31,500	
15. Swing Bed - NF		\$0.00			\$ -	
16. Skilled Nursing Facility		\$0.00			\$ -	
17. Nursing Facility		\$0.00			\$ -	
18. Other Long-Term Care		\$0.00			\$ -	
19. Ancillary Services	\$9,29,696.00	\$209,22,200	\$ 6,392,100	\$ 1,3,23,106	\$ -	\$ 96,52,255
20. Outpatient Services		\$35,130,201.00		\$ 2,00,500	\$ -	\$ 11,00,590
21. Home Health Agency		\$0.00			\$ -	
22. Ambulance		\$ 500.00			\$ 3,13,100	
23. Outpatient Rehab Providers		\$0.00	\$ -	\$ -	\$ -	\$ -
24. ASC	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
25. Hospice		\$2,253,500.00			\$ 1,50,036	
26. Other	\$4,55,000.00	\$4,200,000.00	\$ 5,300,000	\$ 5,360,033	\$ 1,265,030	\$ 929,260
27. Total	\$ 12,55,09	\$ 252,22,61	\$ 9,100,26	\$ 5,530,001	\$ 1,32,350	\$ 6,22,091
28. Total Hospital and Non Hospital		Total from Above	\$ 3,631,96	Total from Above	\$ 265,00,03	\$ 11,60,550

29. Total Per Cost Report  
30. Increase worksheet G-3, Line 2 for Bad Debts NOT INCLDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)  
31. Increase worksheet G-3, Line 2 for Charity Care Write-Offs NOT INCLDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)  
32. Increase worksheet G-3, Line 2 to reverse offset of Medicaid DSH Revenue INCLDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)  
33. Increase worksheet G-3, Line 2 to reverse offset of State and Local Patient Care Cash Subsidies INCLDED on worksheet G-3, Line 2 (impact is a decrease in net patient revenue)  
34. Decrease worksheet G-3, Line 2 to remove Medicaid Provider Taxes INCLDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)  
35. Blank Recon Line OR "Decrease worksheet G-3, Line 2 to remove Charity Care Charges related to insured patients INCLDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)  
36. Adjusted Contractual Adjustments

Total Patient Revenues (G-3 Line 1)

3,631,96

Total Contractual Adj. (G-3 Line 2)

265,00,03

**Cost Report Cost / Days / Charges**

Cost Report Year 10/01/201-09/30/201 COL IIT REGIONAL MEDICAL CENTER

Line	Cost Center Description	Total Allowable Cost	Intern Resident Costs Removed on Cost Report	RCE and Therapy Add Back If Applicable	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
		Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Swing-Bed Carve Out - Cost Report Worksheet D-1, Part I, Line 26	Calculated	Days - Cost Report W/S D-1, Pt. I, Line 2 for Adults & Peds; W/S D-1, Pt. 2, Lines 42-47 for others	Inpatient Routine Charges - Cost Report Worksheet C, Pt. I, Col. 6 (Informational only unless used in Section L charges allocation)	Calculated Per Diem

**NOTE:** All data in this section must be verified by the hospital. If data is already present in this section, it was completed using C-S-CRIS cost report data. If the hospital has a more recent version of the cost report, the data should be updated to the hospital's version of the cost report. Formulas can be overwritten as needed with actual data.

**Routine Cost Centers list below:**

1	03000 ADULTS PEDIATRICS	\$ 19,012.39	\$ 125.6	\$ -	\$ 19,012.39	19,012.39	\$ 15,205.56	\$ 955.03
2	03100 INTENSIVE CARE UNIT	\$ 1,116.2	\$ 122.20	\$ -	\$ 1,116.2	2,001	\$ 3,601.20	\$ 1,596.03
3	03200 CORONARY CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
4	03300 BURN INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
5	03400 SURGICAL INTENSIVE CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
6	03500 OTHER SPECIAL CARE UNIT	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
7	04000 SUBPROVIDER I	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
8	04100 SUBPROVIDER II	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
9	04200 OTHER SUBPROVIDER	\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
10	04300 NURSERY	\$ 9,001	\$ -	\$ -	\$ 9,001	1,201	\$ 6,396.00	\$ 6,921
11		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
12		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
13		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
14		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
15		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
16		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
17		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
18		\$ -	\$ -	\$ -	\$ -	-	\$ 0.00	\$ -
19	Total Routine	\$ 23,900.32	\$ 260.3	\$ -	\$ 19,012.39	23,009.055	\$ 19,559.96	\$ 1,012.99
	Weighted Average							

Observation Data Non-Distinct

20	09200 Observation Non-Distinct		2,002	-	\$ 2,699.09	\$ 2,220.32	\$ 6,393.00	\$ 621.02	0.313052
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	Cost Report Worksheet B, Part I, Col. 26	Cost Report Worksheet B, Part I, Col. 25 (Intern & Resident Offset ONLY)*	Cost Report Worksheet C, Part I, Col.2 and Col. 4	Calculated	Inpatient Charges - Cost Report Worksheet C, Pt. I, Col. 6	Outpatient Charges - Cost Report Worksheet C, Pt. I, Col. 7	Total Charges - Cost Report Worksheet C, Pt. I, Col. 8	Medicaid Calculated Cost-to-Charge Ratio
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**Ancillary Cost Centers from I/S C excluding Observation list below:**

21	5000 OPERATING ROOM	\$ 6,630.00	\$ 25.150	\$ 0.00	\$ 6,630.00	\$ 1,315.00	\$ 20,290.66	\$ 2,360.51	0.252069
22	5100 RECOVERY ROOM	\$ 25,966.00	\$ -	\$ 0.00	\$ 25,966.00	\$ 639,302.00	\$ 1,560.19	\$ 2,201.121	0.32920
23	5200 DELIVERY ROOM LABOR ROOM	\$ 5,192.00	\$ 101.00	\$ 0.00	\$ 960.032	\$ 913,616.00	\$ 50.00	\$ 913.03	1.050669
24	5300 ANESTHESIOLOGY	\$ 2,666.10	\$ 10.36	\$ 0.00	\$ 2,003.50	\$ 1,323,356.00	\$ 2,603.33	\$ 3,006.9	0.1119
25	5400 RADIOLOGY-DIAGNOSTIC	\$ 3,966.90	\$ 50.920	\$ 0.00	\$ 1,010.699	\$ 2,000.10	\$ 10,130.00	\$ 12,530.00	0.315010
26	5500 NUCLEAR MEDICINE-DIAG	\$ 652,900.00	\$ -	\$ 0.00	\$ 652,900.00	\$ 1,100,991.00	\$ 1,505,539.00	\$ 6,016,530	0.10510
27	5600 CT SCAN	\$ 1,21,192.00	\$ -	\$ 0.00	\$ 1,21,192.00	\$ 9,200.50	\$ 31,002.30	\$ 1,091.53	0.0356
28	6000 LABORATORY	\$ 900.31	\$ -	\$ 0.00	\$ 900.31	\$ 20,005,003.00	\$ 25,519,025.00	\$ 6,290.02	0.1065
29	6500 RESPIRATORY THERAPY	\$ 1,00,956.00	\$ -	\$ 0.00	\$ 1,00,956.00	\$ 9,326,560.00	\$ 1,500,695.00	\$ 10,910.255	0.165010
30	6600 PHYSICAL THERAPY	\$ 10,005.30	\$ 30,552	\$ 0.00	\$ 115,095	\$ 1,363.60	\$ 6,206.50	\$ 9,293.1	0.5103

**Cost Report Cost / Days / Charges**

Cost Report Year 10/01/201-09/30/201 COL ITT REGIONAL MEDICAL CENTER

Line	Cost Center Description	Total Allowable Cost	Intern Resident Costs Removed on Cost Report	RCE and Therapy Add Back If Applicable	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
31	6900 ELECTROCARDIOLOGY	\$2,009,192.00	\$ -	\$0.00	\$ 2,009,192	\$66,331.00	\$1,002,690.00	\$ 22,569,020	0.10520
32	100 MEDICAL SUPPLIES CHARGED TO PATIENT	\$12,202,109.00	\$ -	\$0.00	\$ 12,202,109	\$10,105,000.00	\$1,60,520.00	\$ 1,65,612	0.6693
33	200 IMPL. DE. CHARGED TO PATIENTS	\$2,000,225.00	\$ -	\$0.00	\$ 2,000,225	\$301,900.00	\$1,000,033.00	\$ 9,19,631	0.21613
34	300 DRUGS CHARGED TO PATIENTS	\$9,000,062.00	\$ -	\$0.00	\$ 9,000,062	\$21,001,060.00	\$31,000,620.00	\$ 53,005,006	0.1352
35	000 RENAL DIALYSIS	\$0,011,650.00	\$ -	\$0.00	\$ 0,011,650	\$2,020,000.00	\$31,001,901.00	\$ 33,000,51	0.139519
36	9000 CLINIC	\$1,200,910.00	\$ 61,100	\$0.00	\$ 1,302,010	\$100,000.00	\$1,555,210.00	\$ 655,250	0.2020
37	9001 URGENT CARE	\$210,990.00	\$ 5,092	\$0.00	\$ 220,090	\$0.00	\$0.00	\$ -	-
38	9002 CLINIC	\$50,922.00	\$ 50,000	\$0.00	\$ 1,031,006	\$0.00	\$0.00	\$ -	-
39	9100 EMERGENCY	\$6,003,250.00	\$ 103,120	\$0.00	\$ 6,616,552	\$0,003,000.00	\$15,603,950.00	\$ 20,510,000	0.32205
40		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
41		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
42		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
43		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
44		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
45		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
46		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
47		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
48		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
49		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
50		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
51		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
52		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
53		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
54		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
55		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
56		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
57		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
58		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
59		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
60		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
61		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
62		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
63		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
64		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
65		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
66		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
67		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
68		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
69		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
70		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
71		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
72		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
73		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
74		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
75		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
76		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
77		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
78		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
79		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
80		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
81		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
82		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
83		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
84		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
85		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
86		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
87		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
88		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
89		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
90		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-

**Cost Report Cost / Days / Charges**

Cost Report Year 10/01/2010-09/30/2011 COL ITT REGIONAL MEDICAL CENTER

Line	Cost Center Description	Total Allowable Cost	Intern Resident Costs Removed on Cost Report	RCE and Therapy Add Back If Applicable	Total Cost	I/P Days and I/P Ancillary Charges	I/P Routine Charges and O/P Ancillary Charges	Total Charges	Medicaid Per Diem / Cost or Other Ratios
91		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
92		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
93		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
94		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
95		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
96		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
97		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
98		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
99		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
100		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
101		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
102		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
103		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
104		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
105		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
106		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
107		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
108		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
109		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
110		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
111		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
112		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
113		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
114		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
115		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
116		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
117		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
118		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
119		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
120		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
121		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
122		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
123		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
124		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
125		\$0.00	\$ -	\$0.00	\$ -	\$0.00	\$0.00	\$ -	-
126	Total Ancillary	\$ 6,09,551	\$ 1,329,005	\$ -	\$ 69,26,556	\$ 105,66,011	\$ 226,51,100	\$ 331,91,115	0.21232
127	Weighted Average								
128	Sub Totals	\$ 92,00,203	\$ 1,593,000	\$ -	\$ 93,52,611	\$ 125,322,900	\$ 226,51,100	\$ 351,00,161	
129	NF, SNF, and Swing Bed Cost for Medicaid (Sum of applicable Cost Report Worksheet D-3, Title 19, Column 3, Line 200 and Worksheet D, Part V, Title 19, Column 5-7, Line 200)				\$0.00				
130	NF, SNF, and Swing Bed Cost for Medicare (Sum of applicable Cost Report Worksheet D-3, Title 18, Column 3, Line 200 and Worksheet D, Part V, Title 18, Column 5-7, Line 200)				\$9,00,500				
131	NF, SNF, and Swing Bed Cost for Other Payers (Hospital must calculate. Submit support for calculation of cost.)								
131.01	Other Cost Adjustments (Support must be submitted)								
132	Grand Total				\$ 93,25,666				
133	Total Intern/Resident Cost as a Percent of Other Allowable Cost				1.03				

Note A - Final cost-to-charge ratios should include teaching cost. Only enter Intern Resident costs if it was removed in Column 25 of Worksheet B, Pt. I of the cost report you are using.

**In State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:**

Cost Report Year: 10/01/201 - 09/30/201 COLCOTT REGIONAL MEDICAL CENTER

		Medicaid Per Diem Cost for Routine Cost Centers	Medicaid Cost to Charge Ratio for Ancillary Cost Centers	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Overs with Medicaid Secondary		In-State Other Medicaid Eligibles (Not Included Elsewhere)		Uninsured		Total In-State Medicaid		Survey to Cost Report Ratio
Line	Cost Center Description			Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient See Exhibit A	Outpatient See Exhibit A	Inpatient	Outpatient	
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis			
Routine Cost Centers from Section 100				Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	
1	03000 ADULTS - PEDIATRICS	\$ 855		1,350	1,035	2,221	392	2,221				1,118		655		33.3%
2	03100 INTENSIVE CARE - INT	\$ 1,598.03		1,099	103							20		1,690		0.12%
3	03200 CORONARY CARE - INT	\$ -														
4	03300 BURN INTENSIVE CARE - INT	\$ -														
5	03400 SPECIAL INTENSIVE CARE - INT	\$ -														
6	03500 OTHER SPECIAL CARE - INT	\$ -														
7	04000 SUBPROSIDER I	\$ -														
8	04100 SUBPROSIDER II	\$ -														
9	04200 OTHER SUBPROSIDER	\$ -														
10	04300 NURSERY	\$ 6,921		265	33							5		99		0.00%
11		\$ -														
12		\$ -														
13		\$ -														
14		\$ -														
15		\$ -														
16		\$ -														
17		\$ -														
18		\$ -														
19		\$ -														
20	Total Days per PS&R or Exhibit Detail		Total Days	2,110	1,911	2,223		2,223		-		1,313		1,313		36.66%
21	Reconciled Days (Explain Variance)			2,110	1,911	2,223		2,223		-		1,313		1,313		
Routine Charges				Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21.01	Calculated Routine Charge Per Diem	\$ 1.61	\$ 690.15	\$ 1,016.35	\$ -	\$ 1,033.19		\$ 1,033.19								39.6%
Ancillary Cost Centers from PS&R from Section 100				Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	Ancillary Charges	
22	09200 Observation - Non-Distinct	0.313052		20,83	2,125	10,26	531.10	3,000	1,02,91	16,53	6,035	65,00	1,003.9	39.0%		
23	5000 OPERATING ROOM	0.252050		56,11	1,111	19,16	193.51	9,18,6	2,16,03	5,3295	1,620,91	2,51,11	3,111,013	2,23%		
24	5100 RECOVERY ROOM	0.32,300		60,2	105,2	192,30	192,30	1,6,11	1,6,11	112,13	25,110	399,81	0.25%			
25	5200 DELIVERY ROOM - LABOR ROOM	1.050669		19,56	533,339	-	-	-	-	2,932	-	31,90	602,629	38.15%		
26	5300 ANESTHESIOLOGY	0.111,9		126,21	96,30	109,22	299,3,6	153,23	206,23	1,90	181,11	3,19,16	602,629	38.15%		
27	5400 RADIOLOGY-DIAGNOSTIC	0.315011		2,119	550,83	120,8	1,120,82	35,35	1,105,025	1,0,82	632,2,0	63,661	2,16,400	39.25%		
28	5410 NUCLEAR MEDICINE-DIAG	0.10,511		1,5,159	11,55	33,23	5,603	1,23,2	599,912	101,1,9	215,092	390,92	1,6,20,3	3.33%		
29	5500 CT SCAN	0.03,5,6		6,0,129	1,351,11	22,99	2,86,0	1,619,301	3,33,6,2	1,00,1,6	5,3,2,162	2,55,1,2	1,052,383	11.26%		
30	6000 LABORATORY	0.10,6,5		2,55,11	1,690,95	1,115,5	3,096,333	3,295,0	2,392,1,6	1,80,30	159,595	6,610,3,6	10,9,33	2.22%		
31	6500 RESPIRATORY THERAPY	0.165010		1,0,3,111	1,0,2,1	1,0,81	195,359	1,55,1,2	312,15	36,3,6	191	2,1,11	6,1,65	36.5%		
32	6600 PHYSICAL THERAPY	0.51,0,3		1,1,1,3	1,1,36	12,2	3,9,50	2,1,159	335,391	6,0,0	130,99	10,86	59,335	11.19%		
33	6800 ELECTROCARDIOLOGY	0.10,60		3,6,65	1,1,1,6	1,1,1,6	39,111	39,6,1	2,1,3,6,3	512,332	1,12,1,6	3,6,2,5,9	39.06%			
34	7400 MEDICAL SUPPLIES CHARGED TO PATIENT	0.6,6,83		1,0,3,523	1,1,350	5,1,55	92,100	1,9,30	919,20	6,6,2	1,253,0	3,120,20	2,260,65	5.66%		
35	7500 IMPL. DEVICES CHARGED TO PATIENTS	0.21,613		7,933	10,61	-	691,212	19,9	-	36,210	113,16	1,1,9,1,5	60,6,1	22.61%		
36	7600 DRUGS CHARGED TO PATIENTS	0.1,35,2		2,112,2	2,25,13	992,30	1,333,312	3,0,160	5,33,501	1,905,82	2,2,2,10	6,550,33	9,2,850	9.62%		
37	7700 RENAL DIALYSIS	0.139519		1,2,1,0	65,5,9	-	65,5,9	0,631	-	33,92	-	60,1,9	0,631	3.03%		
38	8000 CLINIC	0.2,2,2,0		322	3,9,05	3,31	96,6,1	1,0,0	12,29	10,10	90,63	1,09	1,15,025	2.09%		
39	9001 - ROOM CARE	-		-	-	-	-	-	-	-	-	-	-	-		
40	9002 CLINIC	-		-	-	-	-	-	-	-	-	-	-	-		
41	9100 EMERGENCY	0.322,5		110,99	1,015,913	122,630	2,39,63	105,3,1	1,15,6,6	535,516	3,15,196	1,269,005	5,1,1,123	6.35%		
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## Cost Report Year 10/01/2010-09/30/2011 COLLETT REGIONAL MEDICAL CENTER

**ERROR** No other eligibles reported See certification statement on DS Survey Part I.

Note A - These amounts must show to your inpatient and/or outpatient Medical Paid claims summary. For Managed Care, Cross-over data, and other eligibles, use the hospital's LOS/PSR summaries are not available (submit loss with survey).  
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary RA summary or PSR-1.  
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. IP payments made on a state fiscal year basis should be reported in Section C of the survey.  
 Note D - Medicare Part D payments are not included in the Medicare Part D summary. Medicare Part D payments are reported on the Medicare Part D summary.  
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

**I. Out of State Medicaid Data:**

Cost Report Year 10/01/2011-09/30/2012 COLLETT REGIONAL MEDICAL CENTER

Medicaid Per Diem Cost for Routine Cost Centers			Medicaid Cost to Charge Ratio for Ancillary Cost Centers	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Overs with Medicaid Secondary		Out-of-State Other Medicaid Eligibles Not Included Elsewhere		Total Out-Of-State Medicaid	
Line	Cost Center Description			Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
		From Section G	From Section G	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)	From PS&R Summary (Note A)		
Routine Cost Centers list below :				Days		Days		Days		Days		Days	
03000	ADULTS - PEDIATRICS	\$ 955.00											
03100	INTENSIVE CARE UNIT	\$ 1,596.03											
03200	CORONARY CARE UNIT	\$ -											
03300	BURN INTENSIVE CARE UNIT	\$ -											
03400	SURGICAL INTENSIVE CARE UNIT	\$ -											
03500	OTHER SPECIAL CARE UNIT	\$ -											
04000	SEMPROVIDER I	\$ -											
04100	SEMPROVIDER II	\$ -											
04200	OTHER SEMPROVIDER	\$ -											
04300	NURSERY	\$ 619.21											
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Cost Report Year 10/01/2011-09/30/2011 COLLETT REGIONAL MEDICAL CENTER

Page 9

Cost Report Year 10/01/2010-09/30/2011 COLLETT REGIONAL MEDICAL CENTER

Note A - These amounts must agree to your inpatient and outpatient Medicaid paid claims summary. For Managed Care, Cross-Over data, and other eligibles, use the hospital's logs if PS:R summaries are not available. Submit logs with survey.  
 Note B - Medicaid cost settlement payments refer to payments made by Medicaid during a cost report settlement that are not reflected on the claims paid summary. RA summary or PS:R.  
 Note C - Other Medicaid Payments such as Outliers and Non-Claim Specific payments. DSH payments should NOT be included. CP payments made on a state fiscal year basis should be reported in Section C of the survey.  
 Note D - Should include other Medicare cross-over payments not included in the paid claims data reported above. This includes payments paid based on the Medicare cost report settlement e.g., Medicare Graduate Medical Education payments.  
 Note E - Medicaid Managed Care payments should include all Medicaid Managed Care payments related to the services provided, including, but not limited to, incentive payments, bonus payments, capitation and sub-capitation payments.

**I. Transplant Facilities Only: Organ Acquisition Cost In State Medicaid and Uninsured**

Cost Report Year :10/01/2011-09/30/2011 COLCITT REGIONAL MEDICAL CENTER

	total Organ Acquisition Cost	Additional Add In Intern/Resident Cost	total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	total Useable Organs (Count)	In-State Medicaid FFS Primary		In-State Medicaid Managed Care Primary		In-State Medicare FFS Cross-Over's with Medicaid Secondary		In-State Other Medicaid Eligibles Not Included Elsewhere		Uninsured	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Hospital's Own Internal Analysis	From Hospital's Own Internal Analysis
1	Lung Acquisition	\$0.00	\$ -	\$ -	0										
2	Kidney Acquisition	\$0.00	\$ -	\$ -	0										
3	Liver Acquisition	\$0.00	\$ -	\$ -	0										
4	Heart Acquisition	\$0.00	\$ -	\$ -	0										
5	Pancreas Acquisition	\$0.00	\$ -	\$ -	0										
6	Intestinal Acquisition	\$0.00	\$ -	\$ -	0										
7	Islet Acquisition	\$0.00	\$ -	\$ -	0										
8		\$0.00	\$ -	\$ -	0										
9	<b>Totals</b>	\$ -	\$ -	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
10	<b>total Cost</b>														

Note A: These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available. If not, use hospital's logs and submit with survey.

Note B: Enter Organ Acquisition Payments in Section I as part of your In State Medicaid total payments.

Note C: Enter the total revenue applicable to organs furnished to other providers, to organ procurement organizations and others, and for organs transplanted into non-Medicaid / non Uninsured patients but where organs were included in the Medicaid and Uninsured organ counts above. Such revenues must be determined under the accrual method of accounting. If organs are transplanted into non-Medicaid/non Uninsured patients who are not liable for payment on a charge basis, and as such there is no revenue applicable to the related organ acquisitions, the amount entered must also include an amount representing the acquisition cost of the organs transplanted into such patients.

**II. Transplant Facilities Only: Organ Acquisition Cost Out of State Medicaid**

Cost Report Year :10/01/2011-09/30/2011 COLCITT REGIONAL MEDICAL CENTER

	total Organ Acquisition Cost	Additional Add In Intern/Resident Cost	total Adjusted Organ Acquisition Cost	Revenue for Medicaid/ Cross-Over / Uninsured Organs Sold	total Useable Organs (Count)	Out-of-State Medicaid FFS Primary		Out-of-State Medicaid Managed Care Primary		Out-of-State Medicare FFS Cross-Over's with Medicaid Secondary		Out-of-State Other Medicaid Eligibles Not Included Elsewhere	
						Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)	Charges	Useable Organs (Count)
	Cost Report Worksheet D-4, Pt. III, Col. 1, Ln 61	Add-On Cost Factor on Section G, Line 133 x Total Cost Report Organ Acquisition Cost	Sum of Cost Report Organ Acquisition Cost and the Add-On Cost	Similar to Instructions from Cost Report W/S D-4 Pt. III, Col. 1, Ln 66 (substitute Medicare with Medicaid/ Cross-Over & uninsured). See Note C below.	Cost Report Worksheet D-4, Pt. III, Line 62	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)	From Paid Claims Data or Provider Logs (Note A)
11	Lung Acquisition	\$ -	\$ -	\$ -	0								
12	Kidney Acquisition	\$ -	\$ -	\$ -	0								
13	Liver Acquisition	\$ -	\$ -	\$ -	0								
14	Heart Acquisition	\$ -	\$ -	\$ -	0								
15	Pancreas Acquisition	\$ -	\$ -	\$ -	0								
16	Intestinal Acquisition	\$ -	\$ -	\$ -	0								
17	Islet Acquisition	\$ -	\$ -	\$ -	0								
18		\$ -	\$ -	\$ -	0								
19	<b>Totals</b>	\$ -	\$ -	\$ -		\$ -		\$ -		\$ -		\$ -	
20	<b>total Cost</b>												

Note A: These amounts must agree to your inpatient and outpatient Medicaid paid claims summary, if available. If not, use hospital's logs and submit with survey.

Note B: Enter Organ Acquisition Payments in Section I as part of your Out of State Medicaid total payments.

## L. Provider Tax Assessment Reconciliation / Adjustment

An adjustment is necessary to properly reflect the Medicaid and uninsured share of the provider tax assessment for some hospitals. The Medicaid and uninsured share of the provider tax assessment collected is an allowable cost in determining hospital-specific DSH limits and, therefore, can be included in the DSH examination survey. However, depending on how your hospital reports it on the Medicare cost report, an adjustment may be necessary to ensure the cost is properly reflected in determining your hospital-specific DSH limit. For instance, if your hospital removed part or all of the provider tax assessment on the Medicare cost report, the full amount of the provider tax assessment would not have been apportioned to the various payers through the step down allocation process, resulting in the Medicaid and uninsured share being understated in determining the hospital-specific DSH limit. If your hospital needs to make an adjustment for the Medicaid and uninsured share of the provider tax assessment, please fill out the reconciliation below, and submit the supporting general ledger entries and other supporting documentation to Myers and Stauffer, LC along with your hospital's DSH examination surveys.

Cost Report Year 10/01/201 - 09/30/201 COL ITT REGIONAL MEDICAL CENTER

### Worksheet A Provider Tax Assessment Reconciliation:

1 Hospital Gross Provider Tax Assessment from general ledger

1a Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment

2 Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report W/S A, Col. 2

3 Difference Explain Here

Provider Tax Assessment Reclassifications from w/s A of the Medicare cost report

Reclassification Code

5 Reclassification Code

6 Reclassification Code

Reclassification Code

DS UCC ALLOABLE Provider Tax Assessment Adjustments from w/s A of the Medicare cost report

Reason for adjustment

9 Reason for adjustment

10 Reason for adjustment

11 Reason for adjustment

DS UCC NON ALLOABLE Provider Tax Assessment Adjustments from w/s A of the Medicare cost report

12 Reason for adjustment

13 Reason for adjustment

14 Reason for adjustment

15 Reason for adjustment

16 Total Net Provider Tax Assessment Expense Included in the Cost Report

Dollar Amount	W/S A Cost Center Line
\$ 1,216.63	10.350.63 (WTB Account #)
Expense	5.00 (Where is the cost included on w/s A?)
\$ 1,216.63	
\$ -	
	(Reclassified to / (from))
	(Reclassified to / (from))
	(Reclassified to / (from))
	(Reclassified to / (from))
	(Adjusted to / (from))
	(Adjusted to / (from))
	(Adjusted to / (from))
	(Adjusted to / (from))
\$ 1,216.63	

### DS UCC Provider Tax Assessment Adjustment:

1 Gross Allowable Assessment Not Included in the Cost Report

Apportionment of Provider Tax Assessment Adjustment to Medicaid Uninsured:

1 Medicaid Hospital Charges Sec.

19 Uninsured Hospital Charges Sec.

20 Total Hospital Charges Sec.

21 Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid CC

22 Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured CC

23 Medicaid Provider Tax Assessment Adjustment to DSH CC

24 Uninsured Provider Tax Assessment Adjustment to DSH CC

25 Provider Tax Assessment Adjustment to DSH CC

\$ -
12.29
31,926.16
351,161
25.05
9.0
\$ -
\$ -
\$ -

\* Assessment must exclude any non-hospital assessment such as Nursing Facility.

\*\* The Gross Allowable Assessment Not Included in the Cost Report (line 17, above) will be apportioned to Medicaid and uninsured based on charges sec. g unless the hospital provides a revised cost report to include the amount in the cost-to-charge ratios and per diems used in the survey.

**HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER**

End of Year Listing of Hospital Net Assets (HB 321)- Fiscal Year 2019

	Unrestricted Net Assets (\$)	Restricted- Expendable Net Assets (\$)*	Restricted-Non- Expendable Net Assets (\$)*	Total Net Assets (\$)	Notes
Hospital Authority (Hospital, CRH & Clinics)	41,105,215.00	3,488,847.00	67,144,424.00	111,738,486.00	
Hospital Owned or Controlled Foundation	7,406,581.00	1,359,908.00	113,570.00	8,880,059.00	

# Colquitt Regional Medical Center

Moultrie, GA

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Hospital Accreditation Program

June 30, 2017

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #6714  
Print/Reprint Date: 10/12/2017

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).





# Colquitt Regional Medical Center

Moultrie, GA

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Home Care Accreditation Program

July 1, 2017

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #6714  
Print/Reprint Date: 10/12/2017

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



# COLQUITT REGIONAL MEDICAL CENTER

Origination: 11/2003  
Last Approved: 02/2019  
Last Revised: 02/2019  
Next Review: 02/2021  
Owner: Megan Ford: Patient Access  
Policy Area: Patient Access  
References:

## Financial Assistance Policy, 340.06

Dept: Patient Access

Subject: Financial Assistance Policy No. 340.06

### I. PURPOSE:

To document the method by which medically indigent persons can qualify for medical indigent services under the Indigent Care Trust Fund Program administered by Colquitt Regional Medical Center. Medical indigent services are healthcare services provided to patients at no charge or on a sliding scale. These patients must meet certain financial criteria of incomes between 125% and 250% of the Federal Poverty Guidelines.

### II. DEFINITIONS:

- A. **Amounts Generally Billed (AGB):** Means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with §1.501(r)-5(b).
- B. **Federal Poverty Guidelines (FPG):** At the beginning of each year the federal government issues guidelines that will be used to determine eligibility for Colquitt Regional's Indigent Care Program. The federal guidelines can be found on the US Department of Health and Human Services website at <https://aspe.hhs.gov/poverty-guidelines>.
- C. **Gross Charges** Means the hospitals full, established price for medical care that the hospital facility uniformly charges patients before applying any contractual allowances, discounts, or deductions.
- D. **Gross Income:** Income as defined by the Internal Revenue Service (IRS), which includes but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, and other taxable income. Examples of other sources of income that are not included in the definition of Gross Income are food stamps, student loan, and foster care disbursement.
- E. **Medical Necessity:** Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

### III. PROCEDURE:

- A. The Financial Assistance Policy covers all emergency and other medically necessary care provided by Colquitt Regional Medical Center. In addition to care delivered by Colquitt Regional Medical Center emergent and medically necessary care delivered. The providers at the Sterling Center Primary Care Clinic are also covered under this policy. Procedures exempt from the Indigent Care Program:
1. Accounts involving services cosmetic in nature.
  2. Procedures already discounted or offered at a promotional rate.
  3. Physician Services provided by Colquitt Regional Medical Center (with the exception of Primary Care Physicians and Colquitt Regional Emergency Physicians).
- B. Colquitt Regional Medical Center will make available to all patients notification of the Financial Assistance Policy adopted by Colquitt Regional Medical Center. Notification will include placing downloadable electronic copies of the Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy on the Colquitt Regional Medical Center website and paper copies of the Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy in public locations in the hospital facility, including in the emergency room and all admissions areas. The Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy will also be made available by mail without charge, if requested. A paper copy of the plain language summary of the Financial Assistance Policy will be offered to patients as part of the intake or discharge process. Conspicuous written notice of the availability of financial assistance under the Financial Assistance Policy, including the telephone number of the hospital facility office or department that can provide information about the Financial Assistance Policy application process and the direct website address where copies of the Financial Assistance Policy, the Financial Assistance Policy application form, and a plain language summary of the Financial Assistance Policy may be obtained, will be included on billing statements. Colquitt Regional Medical Center will also set up conspicuous public displays that notify and inform patients about the Financial Assistance Policy in the emergency room and admissions areas.
- C. Patients wishing to apply for financial assistance may pick up a Financial Assistance application from the emergency room or at any admission area at the hospital, request one to be mailed, or download the application from the hospital website. Applications will be available in English and Spanish. The individual will be provided a plain language summary of this Financial Assistance Policy.
- D. Completed applications and required documentation should be turned in to the Financial Counselor's Office located at the Main Entrance of the Hospital. The time limit to apply for financial assistance is 250 days after the first post discharge bill.
- E. The Financial Counselors will interview the patient and verify the data included on the application. Verification of gross income will be required and may take the form of, but not limited to, check stubs, income tax return, or written verification from employer. Applications will not be denied based solely upon an incomplete application. When an incomplete application is received, Financial Counselors will contact the patient/guarantor via mail to notify of additional information that is needed. The patient/guarantor will have six months from the date of the letter to return the requested information.
- F. The Financial Counselors will then make an initial determination as to whether the individual is eligible for free services, discounted services, or ineligible for either free or discounted services. Determination will be made according to the Federal Poverty Guidelines regardless of race, color, creed, social status, national origin, gender, or religious affiliation. Final approval lies with the Director of Patient Access. Appropriate adjustments will be made at this time to the account(s) to reflect the outcome of the

application. All applicants will be notified by mail with the determination of their application. As well, it is the patients' responsibility to reapply monthly for each account to be eligible for the Medical Indigent Care Program to continue.

- G. Individuals may not be eligible for assistance if their plan of care is covered under liability or worker's compensation with no proof of denial of coverage or if the claim is still in litigation or where the payment went to the subscriber.
- H. The Financial Counselors will maintain a file of recipients. A system generated report will be used for reporting purposes.
- I. In the event that the individual disagrees with the original decision, the patient has the right to request reconsideration. All reconsiderations shall be made in writing. The Director of Patient Access will review the application and make a determination. The patient will be notified by mail of the reconsideration decision.
- J. For financial purposes, Colquitt Regional Medical Center will utilize a cost to charges ratio of 65%. Over a twelve-month period beginning on July 1, and ending on June 30, Colquitt Regional Medical Center will expend an amount equal to no less than 90% of the hospital's total Trust Fund payment adjustments minus the amount transferred or deposited to the Trust Fund by or on behalf of the hospital.
- K. Amounts Generally Billed (AGB) is determined by using the "look-back" method as defined in section 4(b)(2) of the IRS and Treasury's 501(r) final rule. In the method the medical center will divide the sum of claims paid the previous fiscal year by Medicare fee-for-service claims by the sum of the associated gross charges for those claims. Colquitt Regional Medical Center will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than amounts generally billed to insured patients. The current AGB percentage is 76%.
- L. Any patient seeking urgent or emergent care shall be treated without discrimination and ability to pay for care. Colquitt Regional Medical Center will operate in accordance with all federal and state requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). Colquitt Regional Medical Center will provide emergency services in accordance with 24 CFR 482.55 (or any successor regulation). Colquitt Regional Medical Center prohibits any actions that would discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision, without discrimination, or emergency medical care.
- M. The collection actions that Colquitt Regional Medical Center may take are defined in a separate policy (No. 340.23 Collection/Bad Debt Policy). Members of the public may obtain a free copy of the Collection/Bad Debt Policy in the emergency room, in any admissions area, online at <https://colquittregional.com/patients-visitors/financial-assistance>, or, if requested, via mail.

## Attachments:

No Attachments

## Approval Signatures

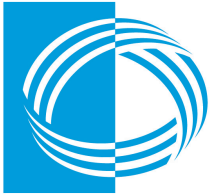
Approver	Date
Shamb Purohit: CFO	02/2019
Megan Ford: Patient Access	02/2019

**2018 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum**  
**HOSP524- Colquitt Regional Medical Center**

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):											
HFS Source:	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	135,316,410										
Outpatient Gross Patient Revenue	186,931,605										
Per Part C, 1. Financial Table		123,080,189	40,788,559	16,370,723	0	27,807,550			613,259		
Per Part E, 1. Indigent and Charity Care							5,738,132	1,210,923			
Totals per HFS	322,248,015	123,080,189	40,788,559	16,370,723	0	27,807,550	5,738,132	1,210,923	613,259	215,609,335	106,638,680
Section 2: Reconciling Items to Financial Statements:										(B)	(B)
Non-Hospital Services:											
> Professional Fees	10743713.0									8,811,595	
> Home Health Agency	2,951,092									288,388	
> SNF/NF Swing Bed Services	755,395									500,828	
> Nursing Home	0									0	
> Hospice	2,253,508									410,884	
> Freestanding Ambulatory Surg. Centers	0									0	
> MEDICAL GROUP	64,708,361									45,036,180	
> AMBULANCE	4584475.0									2,888,433	
> PRIVATE DUTY	486012.0									0	
> RHC	1846127.0									540002.0	
> DIALYSIS	43,714,651									38,646,089	
> NA	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-2,327,093	
Other Reconciling Items:											
> NA	0.0									0.0	
> NA	0									0	
> NA	0									0	
> NA	0									0	
Total Reconciling Items	132,043,334									94,795,306	37,248,028
Total Per Form	454,291,349									310,404,641	143,886,708
Total Per Financial Statements	454291349.0										143,886,708
Unreconciled Difference (Must be Zero)	0										0
(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).											
(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.											

TOP TEN ADMINISTRATIVE SALARIES- 2019

Names	MEDICARE WAGES				OTHER BENEFITS				Total Compensation W2 + BENEFITS
	Regular	Bonus	SERP TAXABLE	TOTAL W2	Retirement contribution-10%	SERP contribution	OTHER AUTO	TOTAL BENEFITS	
President	852,979	237,026	125,732	1,215,737	55,000	56,000	10,000	121,000	1,340,737
Vice President	412,311	53,136	-	465,447	34,320	39,157		73,477	538,924
Vice President	283,452	38,167	-	321,619	27,778	31,617		59,395	381,014
Vice President	277,526	37,281	-	314,807	27,037	30,735		57,772	372,579
Vice President	268,376	36,235	-	304,611	25,064	29,605		55,669	360,280
Vice President	277,233	37,097	-	314,330	27,000	30,948		57,948	371,278
Vice President	246,945	29,690	-	276,636	-	18,996		18,996	295,632
Asst Vice President	162,610	19,005	-	181,615	14,500			14,500	196,115
Asst Vice President	125,514	17,644	-	143,158	12,000			12,000	155,158
Asst Vice President	125,559	16,721	-	142,280	12,180			12,180	154,460



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2018 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP524**

**Facility Name:** Colquitt Regional Medical Center

**County:** Colquitt

**Street Address:** P O Box 40

**City:** Moultrie

**Zip:** 31776-0040

**Mailing Address:** P O Box 40

**Mailing City:** Moultrie

**Mailing Zip:** 31776-0040

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2018 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 10/1/2017 To:9/30/2018

**Please indicate your cost report year.**

From: 10/01/2017 To:09/30/2018

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

**3. Trauma Center Designation Change During the Report Period**

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change. ☐

**Part B : Survey Contact Information**

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** JULIE BHAVNANI

**Contact Title:** ASST. CFO

**Phone:** 229-891-9244

**Fax:** 229-891-9335

**E-mail:** JBHAVNANI@COLQUITTREGIONAL.COM



## Part C : Financial Data and Indigent and Charity Care

### 1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	135,316,410
Total Inpatient Admissions accounting for Inpatient Revenue	5,164
Outpatient Gross Patient Revenue	186,931,605
Total Outpatient Visits accounting for Outpatient Revenue	151,077
Medicare Contractual Adjustments	123,080,189
Medicaid Contractual Adjustments	40,788,559
Other Contractual Adjustments:	16,370,723
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	27,807,550
Gross Indigent Care:	5,738,132
Gross Charity Care:	1,210,923
Uncompensated Indigent Care (net):	5,738,132
Uncompensated Charity Care (net):	1,210,923
Other Free Care:	613,259
Other Revenue/Gains:	7,885,364
Total Expenses:	96,155,594

### 2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	613,259
Employee Discounts	0
	0
<b>Total</b>	<b>613,259</b>

## Part D : Indigent/Charity Care Policies and Agreements

### 1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2018? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

06/18/2008

### 3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

## DIRECTOR OF PATIENT FINANCIAL SERVICES

### **4. Charity Care Provisions**

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.) ☒

### **5. Maximum Income Level**

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

250%

## **6. Agreements Concerning the Receipt of Government Funds**

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2018? (Check box if yes.) ☐

### **Part E : Indigent And Charity Care**

#### **1. Gross Indigent and Charity Care Charges**

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	1,881,216	299,302	2,180,518
Outpatient	3,856,916	911,621	4,768,537
<b>Total</b>	<b>5,738,132</b>	<b>1,210,923</b>	<b>6,949,055</b>

#### **2. Sources of Indigent and Charity Care Funding**

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
<b>Total</b>	<b>0</b>

#### **3. Net Uncompensated Indigent and Charity Care Charges**

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	1,881,216	299,302	2,180,518
Outpatient	3,856,916	911,621	4,768,537
<b>Total</b>	<b>5,738,132</b>	<b>1,210,923</b>	<b>6,949,055</b>

## Part F : Patient Origin

### 1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Berrien	1	1,086	31	17,038	0	0	1	48
Brooks	4	104,435	53	202,404	0	0	26	11,319
Coffee	0	0	1	270	0	0	0	0
Colquitt	162	1,524,070	2,486	3,443,185	109	248,170	1,661	796,434
Cook	4	17,654	35	42,945	2	20,526	23	19,409
Crisp	0	0	0	0	0	0	2	1,573
Dougherty	0	0	3	3,134	0	0	7	2,790
Lanier	1	5,778	0	0	0	0	0	0
Lee	1	13	0	0	0	0	0	0
Lowndes	3	1,387	17	9,867	0	0	2	581
Mitchell	5	58,979	35	17,568	1	6,040	20	17,338
Other Out of State	1	3	18	17,102	1	1,340	34	3,363
Pulaski	0	0	2	2,379	0	0	0	0
Sumter	1	13	0	0	0	0	0	0
Thomas	4	97,746	43	24,191	0	0	36	24,497
Tift	0	0	46	60,673	0	0	42	30,738
Turner	0	0	0	0	0	0	1	1,340
Ware	0	0	0	0	1	21,907	0	0
Worth	1	70,052	6	16,160	1	1,319	6	2,191
<b>Total</b>	<b>188</b>	<b>1,881,216</b>	<b>2,776</b>	<b>3,856,916</b>	<b>115</b>	<b>299,302</b>	<b>1,861</b>	<b>911,621</b>

## Indigent Care Trust Fund Addendum

### 1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2018?  
(Check box if yes.) ☒

### 2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2018.

Patient Category		SFY 2017 7/1/16-6/30/17	SFY2018 7/1/17-6/30/18	SFY2019 7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	5,738,132	0
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	1,210,923	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2017 7/1/16-6/30/17	SFY2018 7/1/17-6/30/18	SFY2019 7/1/18-6/30/19
0	5,164	0

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

### **Signature of Chief Executive:**

**Date:** 7/23/2019

**Title:**

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

### **Signature of Financial Officer:**

**Date:** 7/23/2019

**Title:**

**Comments:**

# HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER

Fiscal Year Ending: September 30th 2019

## List of Hospital Indebtedness- (HB 321)

Lender Name	Orgination Date	Due Date	Outstanding Balance	In Default ?		In Forbearance?	
				Yes	No	Yes	No
Ameris Bank- Revenue Certificate 2016A	9/1/2016	9/5/2031	14,329,240.49		x		x
Ameris Bank- Revenue Certificate 2016B	9/1/2016	9/5/2026	19,112,215.45		x		x
Ameris Bank- Revenue Certificate 2018	4/25/2018	4/5/2033	11,618,321.41		x		x
Key Bank- Equipment	5/25/2018	5/2/2022	1,342,722.71		x		x
Jeter Partners LLC	8/22/2018	9/1/2021	3,195,078.00		x		x
South west GA Bank	5/26/2019	4/26/2024	1,606,962.48		x		x

**Colquitt Regional Medical Foundation, Inc.**  
501 (c)(3) tax exempt status

Appoints Board Members

**Hospital Authority of Colquitt County**  
3131 S. Main St.  
Moultrie, GA 31566

Appoints Board Members

**Colquitt Regional Medical, Inc.**  
DBA Sterling Physician Group  
Tax ID #26-025910

DBA

**Colquitt Regional Medical Center**  
501 (c)(3) tax exempt status  
Tax ID # 58-0607088

Dialysis Center  
119 31st Ave. SE  
Moultrie, GA 31566

Georgia South Family Medicine Residency  
1 Magnolia Court  
Moultrie, GA 31566

Colquitt Regional Hospice  
115 Rowland Dr.  
Moultrie, GA 31566

Ambulance Services

Sleep Diagnostic Lab  
301 31st Ave. SE  
Moultrie, GA 31566

Bariatric Center  
1 Live Oak Court  
Moultrie, GA 31566

Practice Management  
300 2nd St. SE  
Moultrie, GA 31566

Green Rehabilitation Center  
3100 Veterans Parkway S.  
Moultrie, GA 31566

Primary Care Clinic  
6 Hospital Park  
Moultrie, GA 31566

PFS / Patient Access  
1921 South Main St.  
Moultrie, GA 31566

Education & Training  
13 Hospital Park  
Moultrie, GA 31566

Colquitt Regional Oncology, LLC  
Edwards Cancer Center  
Tax ID #35-199006  
3131 S. Main St.  
Moultrie, GA 31566

Non-Emergency Transport

Physician Practice Billing  
1900-1910 South Main St.  
Moultrie, GA 31566

Colquitt Regional Pathology, LLC  
Tax ID #35-199533  
3131 South Main St.  
Moultrie, GA 31566

Accounting Office  
3301 Freedom Lane SE  
Moultrie, GA 31566

**Colquitt Regional Health, Inc.**  
501 (c)(3) tax exempt status  
Tax ID # 58-1729544

Operated by CRMC, per Management Contract

Sylvester Home Care  
110A North Isabella  
Sylvester, GA 31791

Colquitt Regional Home Health  
115 Rowland Dr.  
Moultrie, GA 31566

**Hospital Authority of Colquitt County 2019**

CRM, Inc. Manages:

Sterling Internal Medicine, LLC  
Tax ID #35-262906  
2509 S. Main St.  
Moultrie, GA 31566

Colquitt Regional Cardiology, LLC  
Tax ID #32-0023152  
115 31st Ave. SE  
Moultrie, GA 31566  
1 Sweet Bay Court Suite B  
Moultrie, GA 31566

Colquitt Regional Neurology, LLC  
Tax ID #32-0035133  
15 Hospital Park  
Moultrie, GA 31566  
119 W. Hill St.  
Thomasville, GA 31792

Colquitt Regional Anesthesia, LLC  
Tax ID #26-0312005  
3131 South Main St.  
Moultrie, GA 31566

Colquitt Regional Hospitalists, LLC  
Tax ID #36-0000150  
3131 South Main St.  
Moultrie, GA 31566

Colquitt Regional Pulmonology, LLC  
Tax ID #26-3630010  
1 Hospital Park  
Moultrie, GA 31566

Colquitt Regional Urology, LLC  
Tax ID #26-0010026  
1 Live Oak Court  
Moultrie, GA 31566

Norman Park Family Medicine Clinic, LLC  
Tax ID #30-0000033  
1300 139 E. Broad St.  
Norman Park, GA 31701

Colquitt Regional Dermatology, LLC  
Tax ID #35-3919200  
160 26th Ave. SE  
Moultrie, GA 31566

Colquitt Regional Pediatrics, LLC  
Tax ID #30-0006151  
*LLC dormant as of 05/01/2019*

Colquitt Regional Internal Medicine Infectious Disease, LLC  
Tax ID #32-0033655  
6 Hospital Park  
Moultrie, GA 31566

Colquitt Regional Spine, LLC  
Tax ID #61-1003151  
1 Live Oak Court  
Moultrie, GA 31566

Doerun Family Medicine Clinic, LLC  
Tax ID #35-3910290  
*LLC will be dormant until 2023, will then dissolve.*

Colquitt Regional Pain Clinic, LLC  
Tax ID #35-2509025  
3131 South Main St.  
Moultrie, GA 31566

Colquitt Regional Rheumatology, LLC  
Tax ID #61-1060900  
3 Magnolia Court  
Moultrie, GA 31566

Colquitt Regional Emergency Physicians, LLC  
Tax ID #35-2500339  
3131 South Main St.  
Moultrie, GA

Colquitt Regional Gastroenterology, LLC  
Tax ID #26-2360091  
1 Live Oak Court  
Moultrie, GA 31566

D.W. Adcock Orthopedic Clinic, LLC  
Tax ID #26-0311059  
1 Live Oak Court  
Moultrie, GA 31566

The Clark Clinic, LLC  
Tax ID #33-1166063  
1 Laurel Court  
Moultrie, GA 31566

Colquitt Regional Surgery, LLC  
Tax ID #30-0030200  
1 Live Oak Court  
Moultrie, GA 31566

Colquitt Regional OB/GYN, LLC  
Tax ID #5-1130299  
3 Sweet Bay Court  
Moultrie, GA 31566  
1 Live Oak Court  
Moultrie, GA 31566

Colquitt Regional Ear, Nose & Throat, LLC  
Tax ID #32-0060009  
3 Hospital Park  
Moultrie, GA 31566  
11 W 12th St. Suite A  
Tifton, GA 31790



**HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER**

**Real Property Holdings Owned by the Hospital**

Location	Parcel ID Number	Estimated Size (Acres)	Purchase Price	Current Healthcare Purpose ?		Improvements		Notes
				Yes	No	Yes	No	
1 Sweet Bay CT, Moultrie, GA	M043011K	0.76	1,300,000.00	X			X	Physician Center
Building 316 Sunset Circle, Moultrie GA	M042010	0.5	147,166.00	x			x	
8 Live oak CT, Moultrie , GA	M043011J	0.31	569,920.00	X			X	coridsta building
Sweet Bay CT, Moultrie, GA	M043011L	0.44	3,230,502.67	X			X	sterling center women building
3300 Freedom Lane SE, Moultrie GA	M047A024	3.00	468,742.00	X			X	Accounting Building- Randy Knights
3300 Freedom Lane SE, Moultrie GA	M047A023B	2.51	10,793.00	x				Parking lot- Accounting building
912, 2nd Street SE, Moultrie, GA	M026101	0.34	149,246.76	x			x	Deloach
6 Hospital Park, Moultrie GA	M042024	0.23	1,240,426.21	X		X		PCC Building
31st Avenue SE, Moultrie GA	M047A018	0.14	647,246.01	x		x		Dialysis Building
3100, Veterans Parkway S, Moultrie GA	M047A015	2.7	2,568,211.80	X		x		Rehab Building
115 31ST Avenue SE, Moultrie GA	M042016	0.59	1,143,617.00	X		x		Trescot building- old womens health
1912 South Main St., Moultrie GA	M029027A	0.6	215,465.99	X		x		PFS Building
9 Hospital Park, Moultrie GA	M042028	0.16	375,546.74	X		x		Old GA South, PCOM building
4 Live oak CT, Moultrie GA	M043011H	0.59	4,573,937.33	x			x	Sterling Center
7 Hospital Park, Moultrie, GA	M042030		389,231.21	X		X		Pulmonology Building
1, Magnolia CT, Moultrie, GA	M043011D		1,116,714.08	X		x		GA South- includes renovation
8, Laurel Court, Moultrie, GA	M043011G		2,434,976.32	X		X		Kirk Clinic
3 Magnolia CT, Moultrie	M043011B		620,000.00	X			X	D.W Adcock Building
31st Avenue SE, Moultrie GA	M042025	0.14	228,600.00	X		x		SLEEP LAB
13 Hospital Park, Moultrie GA	M042035	0.12	227,500.00	X		x		Education Building
3026 South Main Street, Moultrie, GA	C039B080	1	95,000.00		x		x	LAND ACROSS FROM THE STREET
Peachtree Court, S Main, Moultrie, GA	C039C010	1.16	15,000.00		x		x	LAND ACROSS FROM THE STREET
209 13th Ave, SW Moultrie, GA	M027013	1 lot	75,000.00		x		x	LAND ACROSS FROM THE STREET
31st Avenue SE, Moultrie GA	M042029	0.05	325,000.00	X			x	Land in between building in hospital park
3131 South Main St, Moultrie GA	M043001	29.97	70,755,541.60	X		x		Main Hospital- includes the renovation
Unit 11 Hospital Park, Moultrie, GA	M042023	0.13	35,000.00		x		x	land next to Primary Care
Sunset Circle, Unit 12 Hospital Park, Moultrie, GA	M042022	0.14	42,000.00		x		x	land next to Primary Care