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

COMBINED FINANCIAL STATEMENTS

for the years ended September 30, 2020 and 2019

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Draffin Tucker

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Hospital Authority of Colquitt County
Moultrie, Georgia

Report on the Financial Statements

We have audited the accompanying combined financial statements of Hospital Authority of Colquitt County (Authority), a component unit of Colquitt County, Georgia, which comprise the combined balance sheets as of September 30, 2020 and 2019, 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. For the year ended September 30, 2020, we also conducted our audit in accordance with the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. 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.

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

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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, 2020 and 2019, 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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 through 6 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.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 22, 2021, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

Draffin & Tucker, LLP

Albany, Georgia
February 22, 2021

COLQUITT REGIONAL
MEDICAL CENTER
PRESIDENT:
James L. Matney

Management's Discussion and Analysis
For The Year Ended September 30, 2020

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, 2020, 2019, and 2018. 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.

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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, 2020, 2019, and 2018:

Combined Balance Sheet

	Dollars in Thousands		
	2020	2019	2018
Current assets	$ 74,029	$ 37,022	$ 34,604
Capital assets	94,032	91,309	83,183
Other noncurrent assets	60,808	55,927	53,297
Total assets	$ 228,869	$ 184,258	$ 171,084
Current liabilities	$ 49,535	$ 25,481	$ 22,771
Noncurrent liabilities	56,091	47,039	42,196
Total liabilities	105,626	72,520	64,967
Net position:			
Net investment in capital assets	43,323	41,105	37,497
Restricted	2,998	3,489	2,012
Unrestricted	76,922	67,144	66,608
Total net position	123,243	111,738	106,117
Total liabilities and net position	$ 228,869	$ 184,258	$ 171,084

The Authority's total assets increased by $44,610,929 in year 2020. An increase of $32,977,970 was related to the cash received from the provider relief funds and Medicare advance payments. The rest of the increase of $11,632,959 is related to growth in investments and capital acquisition (radiation oncology and new capital).

The Authority's total liabilities increased by $33,106,626 which is mainly related to the provider relief fund grants and Medicare advance payments. The rest is related to the revenue certificates (loan) and other payables.

Continued

Financial Analysis of the Authority, Continued

Long-term debt increased by $504,370 compared to fiscal year 2019. The increase was related to additional loan borrowing for capital acquisitions and improvements. Debt to capitalization for the year was 26.9% for 2020 compared to 29.6% for 2019.

The following table summarizes the statement of revenues, expenses and changes in net position as of September 30, 2020, 2019, and 2018:

Combined Statements of Revenues, Expenses and Changes in Net Position

	Dollars in Thousands		
	2020	2019	2018
Net patient service revenue	$ 167,109	$ 158,775	$ 143,887
Other revenue	3,779	3,487	1,893
Total operating revenues	170,888	162,262	145,780
Salaries and employee benefits	82,127	76,906	71,151
Other operating expenses	78,906	73,092	63,385
Depreciation and amortization	10,324	9,367	8,891
Total operating expenses	171,357	159,365	143,427
Net operating income (loss)	(469)	2,897	2,353
Nonoperating revenues (expenses):			
Investment income	2,871	1,678	3,119
Interest expense	(1,550)	(1,321)	(944)
Provider relief fund grants	7,148	-	-
Other	3,248	2,014	2,090
Total nonoperating revenues	11,717	2,371	4,265
Excess of revenues before contributions	11,248	5,268	6,618
Contributions for property acquisitions	257	353	783
Increase in net position	11,505	5,621	7,401
Net position, beginning of year	111,738	106,117	98,716
Net position, end of year	$ 123,243	$ 111,738	$ 106,117

Continued

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

Fiscal year 2020 was a challenging year for the Hospital. The financial report includes both a period before the COVID-19 pandemic hit and a period of struggles caused by the pandemic. The Medical Center and clinics experienced a drop in the elective procedures and visits and, despite these challenges, the Authority managed the given resources very well and were able to end with relatively positive results.

Total operating revenue grew by $8,625,643 compared to prior year. The main increase was in COVID inpatient admissions.

Total operating expenses increased by $11,992,184. The major portion was related to salaries, COVID preparedness reward, supplies, depreciation, and other expenses related to providing care during a worldwide pandemic.

Overall, the operating income decreased by $3,366,541 compared to the 2019 financial statements.

Net operating loss in 2020 was $469,601, a negative operating margin of 0.3%. This compares to operating income of $2,896,940 in 2019, and a positive operating margin of 1.78%.

In 2020, the Authority recorded a total non-operating gain of $11,716,979 which was an increase of $9,345,337 compared to 2019. This is attributed to the provider relief funds recognized and increase in contributions from Georgia Rural Hospital Tax Credit.

At the end of 2020, the Authority had $94,031,879 invested in capital assets, net of accumulated depreciation. In 2020, the Authority's capital spending was related to the radiation oncology project and other capital equipment.

As of September 30, 2020, the Authority had $49,591,211 in revenue certificates, $1,278,940 in other long-term debt and $838,760 in capital leases, which is a total debt increase of $504,370 compared to 2019.

Master Plan and Construction

The Radiation oncology center is expected to be complete by March 2021. The Geriatric Psych unit construction is scheduled to be completed by July 2021. The infrastructure project is scheduled to be completed by middle of December 2020, all patient rooms will be available after this completion. In 2021, the Authority issued another Revenue Certificate of $14.5 million to help with the IT infrastructure and capital projects. In 2021, the Authority plans to invest in modernizing the IT infrastructure to facilitate remote work and remote patient care.

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, 2020 and 2019

	2020	2019
ASSETS		
Current assets:		
Cash and cash equivalents	$ 42,876,867	$ 9,898,897
Current portion of designated funds	4,533,864	3,117,402
Patient accounts receivable, net of estimated uncollectibles of $52,965,257 in 2020 and $51,910,819 in 2019	19,306,731	16,908,653
Supplies	4,900,591	4,411,137
Notes receivable, current portion	341,807	278,446
Other current assets	2,069,261	2,407,707
Total current assets	74,029,121	37,022,242
Noncurrent cash and investments:		
Internally designated for:		
Capital acquisition	53,315,157	47,764,143
Employee benefits	650,000	635,000
Malpractice funding arrangement	1,770,766	1,599,545
Restricted by:		
Revenue Certificates – debt service reserve fund	1,997,659	2,488,847
2019 MRI loan – collateral	1,000,000	1,000,000
Total noncurrent cash and investments	58,733,582	53,487,535
Capital assets:		
Nondepreciable capital assets	6,403,865	10,340,554
Depreciable capital assets, net of accumulated depreciation	87,628,014	80,969,200
Total capital assets, net of accumulated depreciation	94,031,879	91,309,754
Other assets:		
Notes receivable, excluding current portion	653,639	590,498
Other assets	1,420,746	1,848,009
Total other assets	2,074,385	2,438,507
Total assets	$ 228,868,967	$ 184,258,038

Continued

	2020	2019
LIABILITIES AND NET POSITION		
Current liabilities:		
Current installments of long-term debt	$ 6,266,084	$ 4,165,267
Current portion of Medicare advance payments	3,807,888	-
Accounts payable	8,634,990	6,900,179
Accrued expenses	16,605,242	13,378,589
Estimated third-party payor settlements	1,573,981	1,036,243
Provider relief fund unearned revenue	12,646,989	-
Total current liabilities	49,535,174	25,480,278
Medicare advance payments, excluding current portion	10,648,177	-
Long-term debt, excluding current installments	45,442,827	47,039,274
Total liabilities	105,626,178	72,519,552
Net position:		
Net investment in capital assets	42,322,968	41,105,215
Restricted	2,997,659	3,488,847
Unrestricted	77,922,162	67,144,424
Total net position	123,242,789	111,738,486
Total liabilities and net position	$ 228,868,967	$ 184,258,038

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, 2020 and 2019

	2020	2019
Operating revenues:		
Net patient service revenue (net of provision for bad debts of approximately $31,939,000 in 2020 and $31,054,000 in 2019)	$ 167,108,845	$ 158,775,212
Other revenue	3,778,735	3,486,725
Total operating revenues	170,887,580	162,261,937
Operating expenses:		
Salaries and wages	67,340,609	62,950,883
Employee health and welfare	14,786,275	13,955,550
Medical supplies and other expense	55,896,688	50,874,405
Professional fees	17,053,426	16,501,779
Purchased services	5,956,609	5,715,174
Depreciation and amortization	10,323,574	9,367,206
Total operating expenses	171,357,181	159,364,997
Operating income (loss)	(469,601)	2,896,940
Nonoperating revenues (expenses):		
Investment income	2,871,133	1,677,954
Interest expense	(1,550,166)	(1,320,530)
Provider relief fund grants	7,147,552	-
Rural hospital tax credit and other	3,248,460	2,014,218
Total nonoperating revenues	11,716,979	2,371,642
Excess revenues	11,247,378	5,268,582
Contributions for property acquisitions	256,925	353,136
Increase in net position	11,504,303	5,621,718
Net position, beginning of year	111,738,486	106,116,768
Net position, end of year	$ 123,242,789	$ 111,738,486

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, 2020 and 2019

	2020	2019
Cash flows from operating activities:		
Received from patients and payors	$ 169,027,240	$ 160,915,783
Received from Medicare advance payments	14,456,065	-
Payments to vendors and other suppliers	(77,203,640)	(72,912,327)
Payments to employees and physicians	(78,718,750)	(75,874,847)
Net cash provided by operating activities	27,560,915	12,128,609
Cash flows from noncapital financing activities:		
Provider relief fund grants	19,794,541	-
Rural hospital tax credit	3,229,511	2,105,215
Net cash provided by noncapital financing activities	23,024,052	2,105,215
Cash flows from capital and related financing activities:		
Proceeds from issuance of long-term debt	8,381,679	11,289,516
Principal paid on long-term debt and capital leases	(7,877,309)	(5,772,209)
Interest paid on long-term debt and capital leases	(1,550,166)	(1,320,530)
Purchase of capital assets	(13,026,750)	(17,584,644)
Capital contributions	256,925	353,136
Net cash used by capital and related financing activities	(13,815,621)	(13,034,731)
Cash flows from investing activities:		
Interest and dividends	1,481,327	1,312,606
Purchase of investments	(20,694,437)	(8,837,056)
Sale of investments	15,961,493	9,065,090
Net cash provided (used) by investing activities	(3,251,617)	1,540,640
Net increase in cash and cash equivalents	33,517,729	2,739,733
Cash and cash equivalents, beginning of year	16,922,717	14,182,984
Cash and cash equivalents, end of year	$ 50,440,446	$ 16,922,717

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, 2020 and 2019

	2020	2019
Reconciliation of cash and cash equivalents to the balance sheets:		
Cash and cash equivalents in current assets	$ 42,876,867	$ 9,898,897
Cash and cash equivalents in designated cash and investments:		
Internally designated for capital acquisition	2,993,677	2,850,838
Internally designated for employee benefits	2,337,717	2,337,717
Internally designated for malpractice funding	1,228,656	104,436
Restricted by debt	1,003,529	1,730,829
Total cash and cash equivalents	$ 50,440,446	$ 16,922,717
Reconciliation of operating income to net cash flows from operating activities:		
Operating income (loss)	$(469,601)	$ 2,896,940
Adjustments to reconcile operating income (loss) to net cash provided by operating activities:		
Depreciation and amortization	10,323,574	9,367,206
Provision for bad debts	31,939,000	31,054,040
Changes in:		
Patient accounts receivable	(34,337,078)	(32,190,845)
Estimated third-party payor settlements	537,738	(209,349)
Supplies	(489,454)	(88,738)
Other assets	765,709	(854,586)
Physician guarantees	(126,502)	(90,419)
Accounts payable	1,734,811	1,486,285
Other accrued expenses	3,226,653	758,075
Medicare advance payments	14,456,065	-
Net cash provided by operating activities	$ 27,560,915	$ 12,128,609
Noncash investing activities (nearest thousand):		
Change in fair value of investments	$ 1,390,000	$ 365,000

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

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).

Recently Adopted Accounting Pronouncement

In May 2020, the GASB issued Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance* (GASB 95). GASB 95's primary objective is to provide temporary relief to governments and other stakeholders in light of the COVID-19 pandemic by postponing the effective dates of certain provisions in Statements and Implementation Guides. GASB 95 is effective immediately. Earlier application of provisions are permitted to the extent specified in each pronouncement as originally issued.

Continued

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

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, 2020 and 2019.

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.

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

Continued

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

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.

Unearned Revenue

Unearned revenue arises when assets are recognized before revenue recognition criteria have been satisfied. CARES Act advance payments are reported as unearned revenue until all applicable eligibility requirements are met. See Note 19 for additional information.

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*.

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.

Continued

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

Net Patient Service Revenue, Continued

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.

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.

Continued

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

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, 2020 and 2019 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.

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.

Continued

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

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 combined statements of revenues, expenses and changes in net position for the years ended September 30, 2020 and 2019.

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.

- *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 2019 combined financial statements to conform to the fiscal year 2020 presentation. Specifically, a reclassification was made between cash and cash equivalents and the current portion of designated funds to emphasize the designated nature of certain cash and cash equivalents. These reclassifications had no impact on the change in net position in the accompanying combined financial statements.

Continued

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 45% and 8%, respectively, of the Authority's net patient service revenue for the year ended 2020 and 46% and 10%, respectively, of the Authority's net patient service revenue for the year ended 2019. 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.

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.

Continued

2. Net Patient Service Revenue, Continued

- Medicaid, Continued

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, 2018.

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.

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 $1,425,000 and $1,312,000 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, 2020 and 2019, 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 2020 and 2019 combined financial statements include payment adjustments of approximately $3,529,000 and $2,432,000, 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 $557,000 and $864,000 for 2020 and 2019, respectively, which is reflected in net patient service revenue.

Continued

2. Net Patient Service Revenue, Continued

- 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.

3. Uncompensated Services

The Authority was compensated for services at amounts less than its established rates. Charges for uncompensated services for 2020 and 2019 were approximately $342,321,000 and $338,124,000, respectively.

Uncompensated services include charity and indigent care services of approximately $10,621,000 and $9,509,000 in 2020 and 2019, respectively. The cost of charity and indigent care services provided during 2020 and 2019 was approximately $3,573,000 and $3,050,000, 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 2020 and 2019:

	2020	2019
Gross patient charges	$ 509,429,795	$ 496,899,248
Uncompensated services:		
Charity and indigent care	10,621,157	9,509,006
Medicare	140,418,556	135,897,830
Medicaid	44,650,977	41,616,561
Other allowances	114,691,260	120,046,599
Provision for bad debts	31,939,000	31,054,040
Total uncompensated care	342,320,950	338,124,036
Net patient service revenue	$ 167,108,845	$ 158,775,212

4. Designated Net Position

Of the approximately $77,922,000 and $67,144,000 of unrestricted net position reported in 2020 and 2019, approximately $60,270,000 and $53,116,000, 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.

Continued

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.

The composition of noncurrent cash and investments at September 30, 2020 and 2019, is set forth in the following table:

	2020	2019
Internally designated for capital acquisition:		
Cash and cash equivalents	$ 2,993,677	$ 2,850,838
U.S. Treasury obligations	1,812,765	1,628,521
U.S. Government Agency securities	1,310,089	1,358,283
Other fixed income	5,611,745	2,640,741
Equity securities	36,710,835	34,490,393
Mutual fund – commodities	395,854	397,314
Public hedge funds	4,480,192	4,398,053
	$ 53,315,157	$ 47,764,143
Internally designated for employee benefits:		
Cash and cash equivalents	$ 2,337,717	$ 2,337,717
Certificates of deposit	635,000	635,000
	2,972,717	2,972,717
Less current portion	2,322,717	2,337,717
	$ 650,000	$ 635,000
Internally designated for malpractice funding arrangement:		
Cash and cash equivalents	$ 1,228,656	$ 104,436
Other fixed income	439,511	330,385
Equity securities	1,998,797	1,658,553
Mutual fund – commodities	24,639	23,084
Public hedge funds	290,310	262,772
	3,981,913	2,379,230
Less current portion	2,211,147	779,685
	$ 1,770,766	$ 1,599,545

Continued

5. Deposits and Investments, Continued

	2020	2019
Restricted by 2016 Revenue Certificate – debt service reserve fund:		
Cash and cash equivalents	$ 3,529	$ 730,829
Mutual funds – fixed income	1,294,044	-
Other fixed income	700,086	1,758,018
	$ 1,997,659	$ 2,488,847
Restricted by 2019 MRI loan – collateral:		
Cash and cash equivalents	$ 1,000,000	$ 1,000,000
Total designated cash and investments	$ 63,267,446	$ 56,604,937
Less current portion of designated funds	(4,533,864)	(3,117,402)
Noncurrent cash and investments reported as long-term	$ 58,733,582	$ 53,487,535
Carrying amount:		
Deposits	$ 46,849,584	$ 13,871,614
Investments	59,294,729	52,632,220
Total cash and investments	$ 106,144,313	$ 66,503,834
Included in the following balance sheet options:		
Cash and cash equivalents	$ 42,876,867	$ 9,898,897
Current portion of designated funds	4,533,864	3,117,402
Noncurrent cash and investments	58,733,582	53,487,535
Total cash and investments	$ 106,144,313	$ 66,503,834

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 or will not be able to recover collateral securities that are in the possession of an outside party. As of September 30, 2020, the Authority has no deposits exposed to custodial credit risk.

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, 2020, the Authority has no investments exposed to custodial credit risk.

Continued

5. Deposits and Investments, Continued

Concentration of credit risk. As of September 30, 2020, 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, 2020 and 2019, the Authority had the following debt securities:

September 30, 2020

Investment Type	Fair Value	Maturity
U.S. Treasury obligations	$ 1,812,765	March 31, 2022 – May 15, 2029 rating quality AA+
U.S. Government Agency securities	1,310,089	July 1, 2028 – September 1, 2050 rating quality AA+ to AAA
Other fixed income	6,751,342	Average maturity of 14 years, rating quality BBB– to AAA
Total	$ 9,874,196	

September 30, 2019

Investment Type	Fair Value	Maturity
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	4,729,144	Average maturity of 10.3 years, rating quality BBB– to AAA
Total	$ 7,715,948	

Continued

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, 2020 and 2019 consisted of these amounts:

	2020	2019
Patient accounts receivable:		
Receivable from patients and their insurance carriers	$ 41,292,951	$ 43,274,127
Receivable from Medicare	25,982,517	21,440,265
Receivable from Medicaid	4,996,520	4,105,080
Total patient accounts receivable	72,271,988	68,819,472
Less allowance for uncollectible amounts and contractual adjustments	52,965,257	51,910,819
Patient accounts receivable, net	$ 19,306,731	$ 16,908,653
Accounts payable and accrued expenses:		
Payable to employees (including payroll taxes)	$ 14,394,095	$ 12,598,904
Payable to suppliers	8,634,990	6,900,179
Other accrued expenses	2,211,147	779,685
Total accounts payable and accrued expenses	$ 25,240,232	$ 20,278,768

Continued

7. Capital Assets

A summary of capital assets at September 30, 2020 and 2019 follows:

	Balance September 30, 2019	Increase	Decrease	Balance September 30, 2020
Capital assets not being depreciated:				
Land	$ 1,432,528	$ 91,912	$ -	$ 1,524,440
Projects-in-progress	8,908,026	13,054,895	17,083,496	4,879,425
Total capital assets not being depreciated	10,340,554	13,146,807	17,083,496	6,403,865
Capital assets being depreciated:				
Land improvements	3,475,156	103,327	-	3,578,483
Buildings	91,115,784	11,671,127	6,951	102,779,960
Equipment	99,780,410	5,217,130	296,022	104,701,518
Total capital assets being depreciated	194,371,350	16,991,584	302,973	211,059,961
Less accumulated depreciation:				
Land improvements	2,292,730	266,325	-	2,559,055
Buildings	38,963,706	3,551,105	6,951	42,507,860
Equipment	72,145,714	6,515,175	295,857	78,365,032
Total depreciation	113,402,150	10,332,605	302,808	123,431,947
Net capital assets	$ 91,309,754	$ 19,805,786	$ 17,083,661	$ 94,031,879

Continued

7. Capital Assets, Continued

	Balance September 30, 2018	Increase	Decrease	Balance September 30, 2019
Capital assets not being depreciated:				
Land	$ 1,110,292	$ 322,236	$ -	$ 1,432,528
Projects-in-progress	4,407,903	17,578,535	13,078,412	8,908,026
Total capital assets not being depreciated	5,518,195	17,900,771	13,078,412	10,340,554
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	92,126,304	8,700,309	1,046,203	99,780,410
Total capital assets being depreciated	182,661,379	12,756,174	1,046,203	194,371,350
Less accumulated depreciation:				
Land improvements	2,040,974	251,756	-	2,292,730
Buildings	35,677,445	3,286,261	-	38,963,706
Equipment	67,277,842	5,829,105	961,233	72,145,714
Total depreciation	104,996,261	9,367,122	961,233	113,402,150
Net capital assets	$ 83,183,313	$ 21,289,823	$ 13,163,382	$ 91,309,754

There was equipment under capital lease obligations of approximately $1,826,000 at September 30, 2020 and 2019. Accumulated amortization related to the equipment under capital lease obligations was approximately $587,000 and $327,000 at September 30, 2020 and 2019, respectively.

The Authority has construction and equipment contracts of approximately $6.5 million for the renovation and construction of facilities and purchase of equipment in addition to the commitments discussed in Note 9. At September 30, 2020, the remaining commitment on these contracts approximated $4.5 million.

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

Continued

8. Notes Receivable, Continued

locally, the outstanding principal and accrued interest becomes due immediately. The amounts forgiven and charged to expense during 2020 and 2019 were approximately $308,000 and $364,000, 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 2020 and 2019 follows:

	2019 Balance	Additions	Reductions	2020 Balance	Amounts Due Within One Year
Direct placement:					
Revenue Certificates 2016	$ 33,441,455	$ -	$ 3,354,704	$ 30,086,751	$ 3,422,572
Revenue Certificates 2018	11,618,323	8,381,679	495,542	19,504,460	1,982,168
Direct borrowings:					
Notes payable	4,802,040	-	3,523,100	1,278,940	340,893
Capital leases	1,342,723	-	503,963	838,760	520,451
Total noncurrent liabilities	$ 51,204,541	$ 8,381,679	$ 7,877,309	$ 51,708,911	$ 6,266,084

	2018 Balance	Additions	Reductions	2019 Balance	Amounts Due Within One Year
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	1,829,661	-	486,938	1,342,723	502,626
Total noncurrent liabilities	$ 45,687,236	$ 11,289,516	$ 5,772,211	$ 51,204,541	$ 4,165,267

Continued

9. Long-Term Debt, Continued

The terms and due dates of the Authority's long-term debt at September 30, 2020 and 2019 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.

- 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. During 2020, the Authority had drawn the remaining amount available and started the debt service repayment phase as described above. The Authority has outstanding construction commitments of approximately $1.5 million at September 30, 2020 related to this project.

- Note 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 note 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.

Continued

9. Long-Term Debt, Continued

- 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 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. During 2020, the Authority paid the outstanding principal in full.

The 2016 and 2018 Revenue Certificates place limits on the incurrence of additional borrowings and 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.

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:

Year Ending September 30	Direct Placements/Borrowings		Capital Lease Obligations	
	Principal	Interest	Principal	Interest
2021	$ 5,745,633	$ 1,397,887	$ 520,451	$ 22,357
2022	5,833,708	1,233,499	318,309	3,652
2023	5,923,914	1,066,979	-	-
2024	5,854,968	899,274	-	-
2025	5,717,329	739,639	-	-
2026-2030	20,098,863	1,631,596	-	-
2031-2032	1,695,736	141,530	-	-
Total	$ 50,870,151	$ 7,110,404	$ 838,760	$ 26,009

Continued

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 $2,797,000 and $3,323,000 in 2020 and 2019, respectively. As of September 30, 2020 and 2019, the Authority accrued approximately $2,655,000 and $2,958,000, 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.

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

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:

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

Continued

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:

Years of Service	Vesting Percent
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 the Medical Center and the health care community of Colquitt County.

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

	2020	2019
Assets, principally cash, investments, unconditional promises to give, and property	$ 9,484,745	$ 9,328,173
Liabilities, principally accounts payable, amounts due to related party, and use obligation subject to life estate	$ 90,329	$ 448,114
Net assets	9,394,416	8,880,059
Total liabilities and net assets	$ 9,484,745	$ 9,328,173

Continued

11. Related Party, Continued

	2020	2019
Revenues	$ 1,139,588	$ 1,052,786
Expenses	625,231	672,408
Increase in net assets	514,357	380,378
Net assets, beginning of year	8,880,059	8,499,681
Net assets, end of year	$ 9,394,416	$ 8,880,059

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:

Year Ending September 30	Operating Lease Payments
2021	$ 387,160
2022	387,160
2023	387,160
2024	387,160
2025	358,000
Total	$ 1,906,640

Rental expense under all operating lease agreements for the years ended September 30, 2020 and 2019 was $977,870 and $621,247, respectively.

Continued

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, 2020 and 2019, the Authority had investments of approximately $3,982,000 and $2,379,000 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 $5,401,000 and $4,766,000 for 2020 and 2019, 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 $478,000 and $443,000 for 2020 and 2019, 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, 2020 and 2019, the Authority had investments of approximately $635,000 designated for worker's compensation claims. At September 30, 2020 and 2019, 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, 2020 and 2019.

Continued

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, 2020 and 2019.

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

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, current portion of designated funds, estimated third-party payor settlements, accounts payable, accrued expenses, provider relief fund unearned revenue, and Medicare advance payments: 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 16 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, 2020 and 2019, are as follows:

	2020		2019	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Long-term debt	$ 50,870,151	$ 54,699,421	$ 49,861,818	$ 50,241,901

Continued

16. Fair Value Measurement

Fair value of assets and liabilities measured on a recurring basis at September 30, 2020 and 2019 is as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2020				
Assets:				
Cash equivalents	$ 4,225,862	$ 687,749	$ 3,538,113	$ -
U.S. Treasury obligations	1,812,765	1,812,765	-	-
U.S. Government Agency securities	1,310,089	-	1,310,089	-
Mutual funds – fixed income	1,294,044	1,294,044	-	-
Other fixed income	6,751,342	2,222,036	4,529,306	-
Equity securities	38,709,632	38,709,632	-	-
Mutual funds – commodities	420,493	420,493	-	-
Public hedge funds	4,770,502	4,770,502	-	-
Total assets	$ 59,294,729	$ 49,917,221	$ 9,377,508	$ -
September 30, 2019				
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	4,660,825	4,660,825	-	-
Total assets	$ 52,632,220	$ 44,782,399	$ 7,849,821	$ -

Continued

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 2020 and 2019. Contributions received under the program approximated $3,230,000 and $2,100,000 during the Authority's fiscal year 2020 and 2019, respectively.

18. Other Assets

The following is a summary of other assets at September 30, 2020 and 2019:

	2020	2019
Deposits with vendors	$ 1,334,360	$ 1,382,846
Due from related parties	86,386	465,163
Total other assets	$ 1,420,746	$ 1,848,009

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.

19. Coronavirus (COVID-19)

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen. The outbreak has put an unprecedented strain on the U.S. healthcare system, disrupted or delayed production and delivery of materials and products in the supply chain, and caused staffing shortages. The extent of the impact of COVID-19 on the Authority's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, remedial actions and stimulus measures adopted by local, state, and federal governments, and impact on the Authority's patients, employees, and vendors, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Authority's financial position or results of operations is uncertain.

Continued

19. Coronavirus (COVID-19), Continued

On March 27, 2020, the President signed the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act). Certain provisions of the CARES Act provide relief funds to hospitals and other healthcare providers. The funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19. The U.S. Department of Health and Human Services (HHS) began distributing funds on April 10, 2020 to eligible providers in an effort to provide relief to both providers in areas heavily impacted by COVID-19 and those providers who are struggling to keep their doors open due to healthy patients delaying care and canceling elective services. On April 24, 2020, the *Paycheck Protection Program and Health Care Enhancement Act* was passed. This Act provides additional funding to replenish and supplement key programs under the CARES Act, including funds to healthcare providers for COVID-19 testing. Grant and contribution advance payments are reported as unearned revenue until all eligibility requirements are met. Recognized revenue is reported as nonoperating revenues in the statements of revenues, expenses, and changes in net position. The Authority received approximately $19.8 million in grant stimulus funding in FY 2020. The CARES Act funding may be subject to audits. While the Authority currently believes its use of the funds is in compliance with applicable terms and conditions, there is a possibility payments could be recouped based on changes in reporting requirements or audit results.

The CARES Act expanded the existing Medicare Accelerated and Advance Payment (MAAP) program by allowing qualifying providers to receive an advanced Medicare payment. The advanced payment will have to be repaid. Recoupment begins one year after the date of receipt of the advanced payment with 25% of each Medicare remittance advice withheld for the first 11 months of repayment, and 50% for the six months afterward. After the 29-month period, CMS will issue letters requiring payment of any outstanding balance, subject to an interest rate of 4%. In April 2020, the Authority received approximately $14.5 million in MAAP payments.

20. Subsequent Event

In December 2020, the Authority issued the Series 2020A and 2020B Revenue Certificates (Series 2020 Certificates) in the amounts of $14,000,000 and $19,500,000, respectively, collateralized by a pledge of the Authority's gross receipts for the purpose of funding certain capital improvements for the Medical Center and refunding and redeeming the Series 2018 Revenue Certificate. The Authority refunded the outstanding portion of the 2018 Revenue Certificates using the Series 2020B upon issuance, resulting in a total principal amount of approximately $19.2 million for that Series. As of February 22, 2021, the Authority had drawn approximately $3.2 million from the Series 2020A Certificates for certain capital improvements.

Draffin Tucker

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 (Authority), a component unit of Colquitt County, Georgia, as of and for the years ended September 30, 2020 and 2019, and our report thereon dated February 22, 2021, 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 41 to 46, 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
February 22, 2021

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HOSPITAL AUTHORITY OF COLQUITT COUNTY
(A Component Unit of Colquitt County, Georgia)
COMBINING BALANCE SHEET
September 30, 2020

	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	$ 42,162,469	$ 208,167	$ 506,231	$ 42,876,867	$ -	$ 42,876,867
Current portion of designated funds	4,533,864	-	-	4,533,864	-	4,533,864
Patient accounts receivable, net	16,243,441	453,091	2,610,199	19,306,731	-	19,306,731
Supplies	4,895,988	-	4,603	4,900,591	-	4,900,591
Due from related parties	2,318,577	-	-	2,318,577	(2,318,577)	-
Notes receivable, current portion	341,807	-	-	341,807	-	341,807
Other current assets	2,069,261	-	-	2,069,261	-	2,069,261
Total current assets	72,565,407	661,258	3,121,033	76,347,698	(2,318,577)	74,029,121
Noncurrent cash and investments	58,733,582	-	-	58,733,582	-	58,733,582
Capital assets, net of accumulated depreciation	93,803,089	228,790	-	94,031,879	-	94,031,879
Other assets	2,043,444	24,941	6,000	2,074,385	-	2,074,385
Total assets	$ 227,145,522	$ 914,989	$ 3,127,033	$ 231,187,544	$(2,318,577)	$ 228,868,967

Continued

HOSPITAL AUTHORITY OF COLQUITT COUNTY
(A Component Unit of Colquitt County, Georgia)
COMBINING BALANCE SHEET, Continued
September 30, 2020

	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	$ 6,266,084	$ -	$ -	$ 6,266,084	$ -	$ 6,266,084
Current portion of Medicare advance payments	3,420,143	-	387,745	3,807,888	-	3,807,888
Accounts payable	7,837,418	4,376	793,196	8,634,990	-	8,634,990
Accrued expenses	15,746,255	-	858,987	16,605,242	-	16,605,242
Estimated third-party payor settlements	1,573,981	-	-	1,573,981	-	1,573,981
Due to related parties	-	915,495	1,403,082	2,318,577	(2,318,577)	-
Provider relief fund unearned revenue	12,646,989	-	-	12,646,989	-	12,464,989
Total current liabilities	47,490,870	919,871	3,443,010	51,853,751	(2,318,577)	49,535,174
Medicare advance payments, excluding current portion	10,260,431	-	387,746	10,648,177	-	10,648,177
Long-term debt, excluding current installments	45,442,827	-	-	45,442,827	-	45,442,827
Total liabilities	103,194,128	919,871	3,830,756	107,944,755	(2,318,577)	105,626,178
Net position	123,951,394	(4,882)	(703,723)	123,242,789	-	123,242,789
Total liabilities and net position	$ 227,145,522	$ 914,989	$ 3,127,033	$ 231,187,544	$(2,318,577)	$ 228,868,967

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, 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	$ 9,002,803	$ 384,663	$ 511,431	$ 9,898,897	$ -	$ 9,898,897
Current portion of designated funds	3,117,402	-	-	3,117,402	-	3,117,402
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	2,407,707	-	-	2,407,707	-	2,407,707
Total current assets	36,704,035	780,951	3,674,277	41,159,263	(4,137,021)	37,022,242
Noncurrent cash and investments	53,487,535	-	-	53,487,535	-	53,487,535
Capital assets, net of accumulated depreciation	91,050,421	259,333	-	91,309,754	-	91,309,754
Other assets	2,409,441	23,066	6,000	2,438,507	-	2,438,507
Total assets	$ 183,651,432	$ 1,063,350	$ 3,680,277	$ 188,395,059	$(4,137,021)	$ 184,258,038

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
Current portion of Medicare advance payments	-	-	-	-	-	-
Accounts payable	5,854,074	3,804	1,042,301	6,900,179	-	6,900,179
Accrued expenses	12,983,660	-	394,929	13,378,589	-	13,378,589
Estimated third-party payor settlements	1,036,243	-	-	1,036,243	-	1,036,243
Due to related parties	-	1,190,249	2,946,772	4,137,021	(4,137,021)	-
Provider relief fund unearned revenue	-	-	-	-	-	-
Total current liabilities	24,039,244	1,194,053	4,384,002	29,617,299	(4,137,021)	25,480,278
Medicare advance payments, excluding current portion	-	-	-	-	-	-
Long-term debt, excluding current installments	47,039,274	-	-	47,039,274	-	47,039,274
Total liabilities	71,078,518	1,194,053	4,384,002	76,656,573	(4,137,021)	72,519,552
Net position	112,572,914	(130,703)	(703,725)	111,738,486	-	111,738,486
Total liabilities and net position	$ 183,651,432	$ 1,063,350	$ 3,680,277	$ 188,395,059	$(4,137,021)	$ 184,258,038

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, 2020

	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	$ 144,289,294	$ 2,796,963	$ 20,580,804	$ 167,667,061	$(558,216)	$ 167,108,845
Other revenue	5,139,005	536,602	25,626	5,701,233	(1,922,498)	3,778,735
Total operating revenues	149,428,299	3,333,565	20,606,430	173,368,294	(2,480,714)	170,887,580
Operating expenses:						
Salaries and wages	58,208,258	2,250,783	6,881,568	67,340,609	-	67,340,609
Employee health and welfare	12,593,946	528,853	1,663,476	14,786,275	-	14,786,275
Medical supplies and other expense	52,741,460	368,789	4,847,839	57,958,088	(2,061,400)	55,896,688
Professional fees	4,412,482	-	13,060,258	17,472,740	(419,314)	17,053,426
Purchased services	5,107,649	75,165	773,795	5,956,609	-	5,956,609
Depreciation and amortization	10,032,708	39,153	251,713	10,323,574	-	10,323,574
Total operating expenses	143,096,503	3,262,743	27,478,649	173,837,895	(2,480,714)	171,357,181
Operating income (loss)	6,331,796	70,822	(6,872,219)	(469,601)	-	(469,601)
Nonoperating revenues (expenses):						
Investment income	2,871,183	-	(50)	2,871,133	-	2,871,133
Interest expense	(1,550,166)	-	-	(1,550,166)	-	(1,550,166)
Provider relief fund grants	6,217,615	55,000	874,937	7,147,552	-	7,147,552
Rural hospital tax credit and other	3,248,460	-	-	3,248,460	-	3,248,460
Total nonoperating revenues	10,787,092	55,000	874,887	11,716,979	-	11,716,979
Excess revenues (expenses)	$ 17,118,888	$ 125,822	$(5,997,332)	$ 11,247,378	$ -	$ 11,247,378

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	4,871,272	568,294	-	5,439,566	(1,952,841)	3,486,725
Total operating revenues	138,667,854	3,550,445	22,607,367	164,825,666	(2,563,729)	162,261,937
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	9,042,826	51,970	272,410	9,367,206	-	9,367,206
Total operating expenses	130,264,824	3,437,451	28,226,451	161,928,726	(2,563,729)	159,364,997
Operating income (loss)	8,403,030	112,994	(5,619,084)	2,896,940	-	2,896,940
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)
Provider relief fund grants	-	-	-	-	-	-
Rural hospital tax credit and other	2,014,218	-	-	2,014,218	-	2,014,218
Total nonoperating revenues	2,371,642	-	-	2,371,642	-	2,371,642
Excess revenues (expenses)	$ 10,774,672	$ 112,994	$(5,619,084)	$ 5,268,582	$ -	$ 5,268,582

See accompanying auditor's report on combining information.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Draffin Tucker

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Hospital Authority of Colquitt County
Moultrie, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of the Hospital Authority of Colquitt County (Authority), a component unit of Colquitt County, Georgia as of and for the year ended September 30, 2020, and the related notes to the combined financial statements, and have issued our report thereon dated February 22, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's combined financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Continued

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's combined financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instance of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Draffin & Tucker, LLP

Albany, Georgia
February 22, 2021

2020 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
Net Assets or Fund Balances

1. Total Assets	Beginning of Current Year	End of Year
a. Cash - Non-Interest Bearing	20263523	$56,848,931.00
b. Savings and Temporary Cash Investments	45728880	$48,789,150.00
c. Pledges and Grants Receivable, Net		
d. Accounts Receivable, Net	$13,505,908.00	$16,571,897.00
e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	$0.00	0
f. Notes and Loans Receivable, Net		
g. Inventories for sale or use	$4,405,515.00	$4,895,988.00
h. Prepaid expenses and deferred charges	3768802	4182784
i. Land, buildings, and equipment: cost or other basis.		
Less Accumulated Depreciation	91309754	$94,031,879.00
j. Investments- Publicly Traded Securities		
k. Investments- Other Securities		
l. Investments- Program-Related		
m. Intangible Assets		
n. Other Assets	4542150	$1,824,386.00
o. Total a - n above	$183,524,532.00	$227,145,015.00

2. Total Liabilities	Beginning of Current Year	End of Year
a. Accounts Payable and Accrued Expenses	$19,881,569.00	$38,842,604.00
b. Grants Payable		
c. Deferred Revenue	($3,788.00)	$12,646,989.00
d. Tax-Exempt Bond Liabilities	$45,059,777.00	$49,591,211.00
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		
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).	$6,144,763.00	$2,117,700.00
h. Total a - i above	$71,082,321.00	$103,198,504.00

	Beginning of Current Year	End of Year
3. Net Assets or Fund Balances. Subtract line 2h from line 1o.	**$112,442,211.00**	**$123,946,511.00**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2020 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, 2020 through December 31, 2020.
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 Fiance

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(PH0) ☐

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	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

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. Dod not include newborn and neonatal services. Do not include long-term care untits, 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	580	1,297	586	1,307
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	4,204	19,006	4,310	19,395
Intensive Care	10	395	3,849	296	2,883
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
Total	**99**	**5,179**	**24,152**	**5,192**	**23,585**

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	9	21
Asian	9	37
Black/African American	1,500	7,025
Hispanic/Latino	421	1,999
Pacific Islander/Hawaiian	5	14
White	3,225	15,013
Multi-Racial	10	43
Total	**5,179**	**24,152**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	2,116	8,614
Female	3,063	15,538
Total	**5,179**	**24,152**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	2,899	14,718
Medicaid	1,010	4,156
Peachare	0	0
Third-Party	827	3,604
Self-Pay	443	1,674
Other	0	0

5. Discharges to Death

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

173

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2020 (to the nearest whole dollar).

Service	Charge
Private Room Rate	737
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	6,034
Average Total Charge for an Inpatient Day	6,452

Part E : Emergency Department and Outpatient Services

1. Emergency Visits
Please report the number of emergency visits only.

29,044

2. Inpatient Admissions from ER
Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY.

3,462

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	2	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	2	474
General Beds	20	28,570
	0	0
	0	0
	0	0
	0	0

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

1,075

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

164,096

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

2,924

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.

319

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
Podatric Services	0	0
Renal Dialysis	1	1
ESWL	1	2
Billiary Lithotropter	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, Diagnositic	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	12,091
Number of ESWL Patients	79
Number of ESWL Procedures	79
Number of ESWL Units	79
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	30,472
Number of CTS Units (machines)	2
Number of CTS Procedures	16,314
Number of Diagnostic Radioisotope Procedures	1,653
Number of PET Units (machines)	1
Number of PET Procedures	146
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	2,014
Number of Chemotherapy Treatments	2,238
Number of Respiratory Therapy Treatments	165,468
Number of Occupational Therapy Treatments	10,183
Number of Physical Therapy Treatments	51,034
Number of Speech Pathology Patients	20,721
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	7,477
Number of Hospice Patients	217
Number of Respite care Patients	4
Number of Ultrasound/Medical Sonography Units	3
Number of Ultrasound/Medical Sonography Procedures	7,012
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).

15

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	339	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 12-31-2020. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2020.

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*)	284.00	26.00	0.00
Licensed Practical Nurses (LPNs)	38.00	1.00	0.00
Pharmacists	7.00	0.00	0.00
Other Health Services Professionals*	472.00	26.00	0.00
Administration and Support	290.00	10.00	0.00
All Other Hospital Personnel (not included above)	247.00	10.00	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	0
Black/African American	16
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	63
Multi-Racial	3

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 Plant 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	11	☐	0	0
General Internal Medicine	3	☐	0	0
Pediatricians	3	☑	3	3
Other Medical Specialties	25	☐	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	5	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	1	☐	0	0
Ophthalmology Surgery	2	☐	0	0
Orthopedic Surgery	3	☐	0	0
Plastic Surgery	1	☐	0	0
General Surgery	5	☐	0	0
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	6	☐	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	☐	0	0
Dermatology	1	☐	0	0
Emergency Medicine	6	☐	0	0
Nuclear Medicine	0	☐	0	0
Pathology	2	☐	0	0
Psychiatry	2	☐	0	0
Radiology	3	☐	0	0
	0	☐	0	0
	0	☐	0	0
	0	☐	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 surgeions) with Admitting Privleges	0
Podiatrists	1
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	10

5b. Name of Other Professions

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

Contracted Physician Assistants and Nurse Practitioners not employed

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	18	6	1	0	0	0	0	0	0	0	0	0	0
Appling	0	1	0	0	0	0	0	0	0	0	0	0	0
Atkinson	3	3	1	0	0	0	0	0	0	0	0	0	0
Baker	1	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	0	1	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	15	0	0	0	0	0	0	0	0	0	0	0
Berrien	18	44	3	0	0	0	0	0	0	0	0	0	0
Bibb	3	2	0	0	0	0	0	0	0	0	0	0	0
Brantley	1	0	1	0	0	0	0	0	0	0	0	0	0
Brooks	30	37	7	0	0	0	0	0	0	0	0	0	0
Bryan	1	0	0	0	0	0	0	0	0	0	0	0	0
Calhoun	1	3	0	0	0	0	0	0	0	0	0	0	0
Camden	1	0	0	0	0	0	0	0	0	0	0	0	0
Charlton	0	1	0	0	0	0	0	0	0	0	0	0	0
Clarke	2	0	0	0	0	0	0	0	0	0	0	0	0
Clinch	2	0	1	0	0	0	0	0	0	0	0	0	0
Coffee	9	17	0	0	0	0	0	0	0	0	0	0	0
Colquitt	4,206	3,186	430	0	0	0	0	0	0	0	0	0	0
Cook	91	78	20	0	0	0	0	0	0	0	0	0	0
Coweta	1	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	4	0	0	0	0	0	0	0	0	0	0	0
Decatur	6	16	0	0	0	0	0	0	0	0	0	0	0
DeKalb	0	2	0	0	0	0	0	0	0	0	0	0	0
Dodge	1	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	1	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	55	21	7	0	0	0	0	0	0	0	0	0	0

Early	1	2	0	0	0	0	0	0	0	0	0	0	0
Echols	0	2	0	0	0	0	0	0	0	0	0	0	0
Elbert	2	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	0	1	0	0	0	0	0	0	0	0	0	0	0
Florida	16	26	4	0	0	0	0	0	0	0	0	0	0
Forsyth	2	0	1	0	0	0	0	0	0	0	0	0	0
Fulton	8	0	0	0	0	0	0	0	0	0	0	0	0
Grady	28	50	2	0	0	0	0	0	0	0	0	0	0
Gwinnett	1	1	0	0	0	0	0	0	0	0	0	0	0
Hall	1	0	0	0	0	0	0	0	0	0	0	0	0
Henry	1	0	0	0	0	0	0	0	0	0	0	0	0
Houston	2	4	0	0	0	0	0	0	0	0	0	0	0
Irwin	1	9	0	0	0	0	0	0	0	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	1	0	0	0	0	0	0	0	0	0	0	0	0
Lanier	5	12	1	0	0	0	0	0	0	0	0	0	0
Lee	11	16	2	0	0	0	0	0	0	0	0	0	0
Liberty	2	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	66	146	21	0	0	0	0	0	0	0	0	0	0
Miller	1	3	0	0	0	0	0	0	0	0	0	0	0
Mitchell	77	63	14	0	0	0	0	0	0	0	0	0	0
Muscogee	4	0	0	0	0	0	0	0	0	0	0	0	0
Newton	2	0	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	0	1	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	56	2	1	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	2	0	0	0	0	0	0	0	0	0	0	0
Pike	5	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	1	0	0	0	0	0	0	0	0	0	0	0	0
Rockdale	0	1	0	0	0	0	0	0	0	0	0	0	0
Seminole	2	2	0	0	0	0	0	0	0	0	0	0	0
Sumter	1	3	0	0	0	0	0	0	0	0	0	0	0
Tattnall	0	1	0	0	0	0	0	0	0	0	0	0	0
Taylor	0	1	0	0	0	0	0	0	0	0	0	0	0
Telfair	1	2	0	0	0	0	0	0	0	0	0	0	0
Terrell	3	2	0	0	0	0	0	0	0	0	0	0	0
Thomas	257	252	41	0	0	0	0	0	0	0	0	0	0
Tift	112	94	18	0	0	0	0	0	0	0	0	0	0
Toombs	1	3	0	0	0	0	0	0	0	0	0	0	0
Turner	4	11	0	0	0	0	0	0	0	0	0	0	0
Ware	0	4	0	0	0	0	0	0	0	0	0	0	0
Wayne	2	0	0	0	0	0	0	0	0	0	0	0	0
Webster	0	1	0	0	0	0	0	0	0	0	0	0	0

White	0	1	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	42	45	4	0	0	0	0	0	0	0	0	0	0
Total	**5,179**	**4,204**	**580**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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	8
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	2
	0	0	0
Total	**0**	**0**	**10**

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	0	3,082
Cystoscopy	0	0	0	214
Endoscopy	0	0	0	1,591
	0	0	0	0
Total	**0**	**0**	**0**	**4,887**

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	0	3,082
Cystoscopy	0	0	0	214
Endoscopy	0	0	0	1,591
	0	0	0	0
Total	**0**	**0**	**0**	**4,887**

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	2
Asian	5
Black/African American	1,017
Hispanic/Latino	248
Pacific Islander/Hawaiian	13
White	2,910
Multi-Racial	9
Total	**4,204**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	289
Ages 15-64	2,682
Ages 65-74	778
Ages 75-85	367
Ages 85 and Up	88
Total	**4,204**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	1,635
Female	2,569
Total	**4,204**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,399
Medicaid	539
Third-Party	1,942
Self-Pay	324

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 th 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: 176

6. Total Live Births: 560

7. Total Births (Live and Late Fetal Deaths): 564

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 564

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	551	1,024	0
Specialty Care (Intermediate Neonatal Care)	2	13	21	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	1	1
Asian	4	11
Black/African American	164	384
Hispanic/Latino	145	318
Pacific Islander/Hawaiian	1	2
White	261	575
Multi-Racial	4	6
Total	**580**	**1,297**

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	2
Ages 15-44	571	1,282
Ages 45 and Up	8	13
Total	**580**	**1,297**

3. Average Charge for an Uncomplicated Delivery
Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

$7,413.00

4. Average Charge for a Premature Delivery
Please report the average hospital charge for a premature delivery.

$10,635.00

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
Total	**0**	**0**

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
Total	**0**	**0**

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
Total	**0**	**0**

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	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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
Total	**0**	**0**

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
Total	**0**	**0**

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? 1 (FTE's)
What languages do they interpret?
SPANISH

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 Intrepreter ☐	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. ENGLISH
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 inpatietn 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 incaccurate 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: 3/2/2021

Title: VP Finance/CFO

Comments:

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	Date Last Edited	Date Submitted
APR-21-20	MAY-29-20	MAY-29-20

Survey Administrators
James Matney

AHA Annual Survey - 2019

Colquitt Regional Medical Center (6380890)

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

Section A: Question	Description	Answer
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)

Section Title	Status	Last Edit Date	Last Edit By
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)

Section B: Question	Description	Answer
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	[X] (#Beds: 65)	[ ]	[ ]	[ ]
2. Pediatric medical - surgical care	[X] (#Beds: 13)	[ ]	[ ]	[ ]
3. Obstetrics (Please specify the level of unit provided by the hospital if applicable.)	[X] (#Beds: 11) Level: 1	[ ]	[ ]	[ ]
4. Medical-surgical intensive care	[X] (#Beds: 5)	[ ]	[ ]	[ ]
5. Cardiac intensive care	[X] (#Beds: 5)	[ ]	[ ]	[ ]
6. Neonatal intensive care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
7. Neonatal intermediate care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
8. Pediatric intensive care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
9. Burn care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
10. Other special care (Please specify the type of other special care provided by the hospital if applicable.)	[ ] (#Beds: ____) (Specify: ____)	[ ]	[ ]	[X]
11. Other intensive care (Please specify the type of other intensive care provided by the hospital if applicable.)	[ ] (#Beds: ____) (Specify: ____)	[ ]	[ ]	[X]
12. Physical rehabilitation	[ ] (#Beds: ____)	[ ]	[ ]	[X]
13. Alcoholism-chemical dependency care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
14. Psychiatric care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
15. Skilled nursing care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
16. Intermediate nursing care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
17. Acute long-term care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
18. Other long-term care	[ ] (#Beds: ____)	[ ]	[ ]	[X]
19. Other care (Please specify the type of other care provided by the hospital if applicable.)	[ ] (#Beds: ____) (Specify: ____)	[ ]	[ ]	[X]
20. Adult day care program	[ ]	[ ]	[ ]	[X]
21. Airborne infection isolation room (Please specify the number of rooms)	[X] # Rooms: 5	[ ]	[ ]	[ ]
22. Alcoholism-chemical dependency care Services				
22a. Alcoholism-chemical dependency pediatric services	[ ] (#Beds: ____)	[ ]	[ ]	[X]

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	☐	☐	☐	☒
22c. Alcoholism-chemical dependency partial hospitalization services	☐	☐	☐	☒
23. Alzheimer Center	☐	☐	☐	☒
24. Ambulance services	☒	☐	☐	☐
25. Air Ambulance services	☐	☐	☐	☒
26. Ambulatory surgery center	☐	☐	☐	☒
27. Arthritis treatment center	☐	☐	☐	☒
28. Auxiliary	☒	☐	☐	☐
29. Bariatric/weight control services	☒	☐	☐	☐
30. Birthing room - LDR room - LDRP room	☒	☐	☐	☐
31. Blood Donor Center	☐	☐	☐	☒
32. Breast cancer screening / mammograms	☒	☐	☐	☐
33. Cardiology and cardiac surgery services: 33a. Adult cardiology services	☐	☐	☐	☒
33b. Pediatric cardiology services	☐	☐	☐	☒
33c. Adult diagnostic catheterization	☒	☐	☐	☐
33d. Pediatric diagnostic catheterization	☐	☐	☐	☒
33e. Adult interventional cardiac catheterization	☐	☐	☐	☒
33f. Pediatric interventional cardiac catheterization	☐	☐	☐	☒
33g. Adult cardiac surgery	☐	☐	☐	☒
33h. Pediatric cardiac surgery	☐	☐	☐	☒
33i. Adult cardiac electrophysiology	☐	☐	☐	☒
33j. Pediatric cardiac electrophysiology	☐	☐	☐	☒
33k. Cardiac rehabilitation	☐	☐	☐	☒
34. Case management	☒	☐	☐	☐
35. Chaplaincy/pastoral care services	☒	☐	☐	☐
36. Chemotherapy	☒	☐	☐	☐
37. Children's wellness program	☒	☐	☐	☐

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

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

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

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

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

Section C: Physician Arrangements	Answer	Answer (History)
106. Does your organization routinely integrate behavioral health services in the following care areas?		
a. Emergency Services	No	No
b. Primary Care Services	No	No
c. Acute inpatient care	No	No
d. Extended care	No	No

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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				X
2. Group practice without walls				X
3. Open Physician - Hospital Organization (PHO)				X
4. Closed Physician - Hospital Organization (PHO)				X
5. Management Service Organization (MSO)				X
6. Integrated Salary Model				X
7. Equity Model				X
8. Foundation				X
9. Other, please specify:				

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)				
2. Group practice without walls				
3. Open Physician-Hospital Organization (PHO)				
4. Closed Physician-Hospital Organization (PHO)				
5. Management Service Organization (MSO)				
6. Integrated Salary Model				
7. Equity Model				
8. Foundation				
9. Other, please specify				

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

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	Answer	Answer (History)
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

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Section Title	Status	Last Edit Date	Last Edit By
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

Insurance Product	Hospital	System	JV	Medical Enrollment	New Product	No	Do Not Know
a. Medicare Advantage	☐	☐	☐		☐	☐	☐
b. Medicaid Managed Care	☐	☐	☐		☐	☐	☐
c. Health Insurance Marketplace ("exchange")	☐	☐	☐		☐	☐	☐
d. Other Individual Market	☐	☐	☐		☐	☐	☐
e. Small Group	☐	☐	☐		☐	☐	☐
f. Large Group	☐	☐	☐		☐	☐	☐
g. Other	☐	☐	☐		☐	☐	☐

	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

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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

	Answer
8. Does your hospital or system offer a self-administered health plan for your employees?	No

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

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	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	

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

	Answer
a. Hospital	No
b. System	No

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

	Answer
a. Hospital	No
b. System	No

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Section Title	Status	Last Edit Date	Last Edit By
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		

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Section E: Question (continued)	Total Facility	Total Facility (History)	Nursing Home Unit/Facility	Nursing Home Unit/Facility (History)
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		
d. 2. How many Medicaid inpatient days were Medicaid Managed Care?	1,427	1,545		

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Section E: Question (continued)	Total Facility	Total Facility (History)	Nursing Home Unit/Facility	Nursing Home Unit/Facility (History)
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		

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Section E: Question (continued)	Total Facility	Total Facility (History)	Nursing Home Unit/Facility	Nursing Home Unit/Facility (History)
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		

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Section E: Question (continued)

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

	(1) Gross	(1) Gross (History)	(2) Net	(2) Net (History)
*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

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Section E: Question (continued)	Inpatient	Inpatient (History)	Outpatient	Outpatient (History)
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				

	Answer	Answer (History)
*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.	Gross	Net

	Answer	Answer (History)
*6g. Are the financial data reported from your audited financial statement?	Yes	Yes
6h. IS THERE ANY REASON WHY YOU CANNOT ENTER REVENUE BY PAYER?	No	No

	Answer	Answer (History)
*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	203,117,955	186,598,882
8b. Accumulated depreciation	112,067,534	103,694,989
8c. Net property, plant and equipment (a - b)	91,050,421	82,903,893
8d. Total gross square feet of your physical plant used for or in support of your healthcare activities	307,171	307,171
9. Total Capital Expenses		
Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.	18,849,297	14,867,764
10. INFORMATION TECHNOLOGY AND CYBERSECURITY		
a. IT Operating Expense	2,689,138	2,734,131
b. IT Capital Expense.	3,833,223	991,827

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	Answer	Answer (History)
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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Section E: 11. Staffing	Full-Time (35 hr/wk or more) On Payroll	Full-Time (History)	Part-Time (<35 hr/wk) On Payroll	Part-Time (History)	FTE	Vacancies	Vacancies (History)
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

	Answer	Answer (History)
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.	193	150

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

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Section E: 12. Privileged Physicians	(1) Total Employed	(2) Total Individual	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged
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

	Answer	Answer (History)
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

	Answer	Answer (History)
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.)

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

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15. ADVANCED PRACTICE REGISTERED NURSES / PHYSICIAN ASSISTANTS

	Answer	Answer (History)
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)		

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

Section F: Supplemental Information

	Answer
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.

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

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

Facilities	Check all that apply	Number of On-Campus Sites	Number of Off-Campus Sites
Substance abuse/chemical dependency			
Urgent care			
Urology			
Vascular/endovascular/cardiovascular			
Visits and related services			
Other, please specify:			

	Answer
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):	Yes
	Healthtrust
	Brentwood
	TN
3. Does the hospital purchase medical/surgical supplies directly through a distributor?	Yes
If yes, please provide the name(s) of the distributor.	Owens & Minor
If yes, please provide the name(s) of the distributor.	Cardinal
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?	15

5. Describe the extent of your hospital's current partnerships with the following types of organizations for community or population health improvement initiatives.	Not Involved	Collaboration	Formal Alliance
a. Health care providers outside your system	X		
b. Local or state public health organizations	X		
c. Local or state human/social service organizations	X		
d. Other local or state government	X		
e. Non-profit organizations	X		
f. Faith-based organizations	X		

Colquitt Regional Medical Center (6380890)

g. Health insurance companies	X		
h. Schools	X		
i. Local businesses or chambers of commerce	X		
j. National businesses	X		
k. Other (list):	X		

	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 Cardiac Catheterization 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
Medicare Provider Number: 110105
Medicaid Provider Number: 000002021A

2. Report Period

Report Data for the full twelve month period, January 1, 2019 - December 31, 2019 (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	170	Cardiac Cath

1C. Other Rooms

If your facility has other rooms that are equiped 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
Total	**0**	**0**	**0**

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	166	166
Right Heart Diagnostic Cardiac Catheterizations	0	4	4
Total Diagnostic Cardiac Catheterization Procedures	**0**	**170**	**170**
Grand Total (All Cardiac Catheterization Procedures)	**0**	**170**	**170**

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	166	166
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	121	121

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
Total	**0**	**0**	**0**	**0**	**0**

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	50	50
Outpatient Diagnostic Cardiac Catheterizations	0	120	120
Inpatient Therapeutic Cardiac Catheterizations	0	0	0
Outpatient Therapeutic Cardiac Catheterizations	0	0	0
Total	**0**	**170**	**170**

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	25	25
Angiograms/Venograms	0	60	60
Angioplasty	0	48	48
Stents	0	37	37
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
Total	**0**	**170**	**170**

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
Total	**0**	**0**	**0**

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.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	1
Asian	0
Black/African American	61
Hispanic/Latino	8
Pacific Islander/Hawaiian	0
White	100
Multi-Racial	0
Total	**170**

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.

Gender	Number of Patients
Male	88
Female	82
Total	**170**

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)	39,635	1	1	10,767
Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	29,324	1	3	5,179
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	57,011	1	8	11,840
Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	27,224	1	14	11,840
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 arhytmia 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
$3,723,925	$1,146,185

4. Total Uncompensated Charges for Cardiac Catheterization Services

Please report the total uncompensatedcharges 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
$159,557	8

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
$1,315,612

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				
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	I/C Care Account
Number of Cardiac Catheterization Patients (unduplicated)	94	17	0	9	8
Number of Procedures Billed	94	17	0	9	8
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	$1,611,414	$461,177	$0	$447,240	$159,557
Actual Reimbursement	$313,707	$87,075	$0	$273,178	$0

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

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 ac☑edited.

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-ofstate 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	170	0	0	0
Total	**170**	**0**	**0**	**0**

Part F : Patient Origin 2019

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	170	170
Total Patients	**0**	**170**	**170**

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 oficer) 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 affimative review of the entire completed survey, this completed survey contans 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 orginal signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: JULIE BHAVNANI

Title: ASST CFO

Date: 7/8/2020

Comments:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2019 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 calender year 2019 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 10/1/2018 To:9/30/2019

Please indicate your cost report year.
From: 10/01/2018 To:09/30/2019

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	134,567,677
Total Inpatient Admissions accounting for Inpatient Revenue	5,382
Outpatient Gross Patient Revenue	216,291,781
Total Outpatient Visits accounting for Outpatient Revenue	158,339
Medicare Contractual Adjustments	94,595,341
Medicaid Contractual Adjustments	43,575,714
Other Contractual Adjustments:	61,571,339
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	30,358,432
Gross Indigent Care:	7,701,521
Gross Charity Care:	1,723,923
Uncompensated Indigent Care (net):	7,701,521
Uncompensated Charity Care (net):	1,723,923
Other Free Care:	794,361
Other Revenue/Gains:	7,077,739
Total Expenses:	106,549,565

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	794,361
Employee Discounts	0
	0
Total	**794,361**

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 2019? (Check box if yes.) ☐

2. Effective Date

What was the effective date of the policy or policies in effect during 2019?

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.?

AVP OF REVENUE CYCLE

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 2019? (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	2,480,788	746,914	3,227,702
Outpatient	5,220,733	977,009	6,197,742
Total	**7,701,521**	**1,723,923**	**9,425,444**

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
Total	**0**

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	2,480,788	746,914	3,227,702
Outpatient	5,220,733	977,009	6,197,742
Total	**7,701,521**	**1,723,923**	**9,425,444**

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
Atkinson	0	0	1	3,430	0	0	0	0
Ben Hill	0	0	28	6,621	0	0	0	0
Berrien	0	0	7	1,565	0	0	34	7,538
Brooks	9	76,227	116	110,083	4	4,537	42	26,275
Chatham	0	0	0	0	0	0	3	2,678
Coffee	0	0	1	760	0	0	1	119
Colquitt	341	2,315,655	4,495	4,604,848	145	713,319	2,111	827,925
Cook	0	0	32	66,126	4	3,078	49	37,340
Crisp	0	0	10	1,096	0	0	0	0
Dougherty	2	0	25	21,999	0	0	3	6,292
Gordon	0	0	3	10,910	0	0	0	0
Irwin	0	0	0	0	0	0	1	195
Lee	1	27,480	0	0	0	0	3	14,246
Lowndes	6	5,872	45	91,222	2	17,359	9	7,548
Mitchell	1	16,944	47	17,687	3	5,847	32	10,644
Oconee	0	0	1	23,371	0	0	0	0
Other Out of State	15	26,007	100	13,330	1	1,340	38	15,317
Paulding	0	0	0	0	0	0	0	0
Richmond	0	0	1	6,548	0	0	0	0
Sumter	2	25	0	0	0	0	0	0
Tattnall	0	0	1	918	0	0	0	0
Thomas	8	5,657	164	168,785	2	1,434	19	6,212
Tift	2	1,980	53	64,189	0	0	41	12,848
Turner	0	0	4	4,015	0	0	4	583
Wilcox	0	0	1	87	0	0	5	267
Worth	2	4,941	19	3,143	0	0	3	982
Total	**389**	**2,480,788**	**5,154**	**5,220,733**	**161**	**746,914**	**2,398**	**977,009**

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 2019? (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 2019.

	Patient Category	SFY 2018 7/1/17-6/30/18	SFY2019 7/1/18-6/30/19	SFY2019 7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	7,701,521	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	1,723,923	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 2018 7/1/17-6/30/18	SFY2019 7/1/18-6/30/19	SFY2019 7/1/19-6/30/20
0	5,382	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Nurse Employment Addendum

This section is printed 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 incaccurate 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: JAMES L MATNEY

Date: 7/16/2020

Title: CEO/PRESIDENT

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: SHAMB PUROHIT

Date: 7/16/2020

Title: CFO

Comments:

TOP TEN ADMINISTRATIVE SALARIES- 2020

	MEDICARE WAGES				OTHER BENEFITS				
Names	**Regular**	**Bonus**	**SERP TAXABLE**	**TOTAL W2**	**Retirement contribution**	**SERP contribution**	**OTHER** AUTO	**TOTAL BENEFITS**	**Total Compensation W2 + BENEFITS**
President	887,102	-	164,108	1,051,210	58,000	58,000	10,000	126,000	**1,177,210**
Vice President	494,951			494,951	49,696	57,150		106,846	**601,797**
Vice President	295,779			295,779	30,038	34,544		64,582	**360,361**
Vice President	312,781			312,781	29,943	34,434		64,377	**377,158**
Vice President	303,515			303,515	28,368	32,623		60,991	**364,506**
Vice President	290,917			290,917	29,165	33,538		62,703	**353,620**
Vice President	213,459			213,459	9,159			9,159	**222,618**
Asst Vice President	154,604			154,604	15,970	-		15,970	**170,574**
Asst Vice President	207,189			207,189	18,478	-		18,478	**225,667**
Asst Vice President	130,413			130,413	13,105	-		13,105	**143,518**

General Instructions and Identification of Cost Reports that Cover the DSH Year:

1. DSH Survey Sections A, B, and C are part of a separate Excel workbook titled DSH Survey Part I and should be submitted along with the completed DSH Survey Part II Excel workbook. DSH Survey sections A, B, and C contain DSH eligibility and certification questions.

2. Select the "Survey - Sec. D, E, F CR Data" tab in the Excel workbook. On Line 1, select your facility from the drop-down menu provided. When your facility is selected, the following Lines will be populated with your facility specific information: Line 2 - applicable cost report years, Line 4 - Hospital Name, Line 5 - in-state Medicaid provider number, Line 6 - Medicaid Subprovider Number 1 (Psychiatric or Rehab), Line 7 - Medicaid Provider Number 2 (Psychiatric or Rehab), and Line 8 -Medicare provider number. The provider must manually select the appropriate option from the drop down menu for Line 3 - Status of Cost Report Used for the Survey. Review the information and indicate whether it is correct or incorrect. If incorrect, provide correct information in the provided space and submit supporting documentation when you submit your survey.

3. You must complete a separate DSH Survey Part II Excel workbook for each cost report year needed to cover the State DSH year and not previously submitted for a DSH examination. To indicate the proper time period for the current survey select an "X" from the drop down menu on the appropriate box of Line 2 of the "Survey - Sec. D, E, F CR Data" tab in this Excel workbook. If two cost report years are selected at the same time the survey will generate an error message as only one cost report year may be selected per Excel workbook.

   NOTE: For the 2019 DSH Survey, if your hospital completed the DSH survey for 2018, the first cost report year should follow the last cost report year reported on the 2018 DSH survey. The last cost report year on the 2019 survey must end on or after the end of the 2019 DSH year. If your hospital did not complete the 2018 survey, you must report data for each cost report year that covers the 2019 DSH year.

4. Supporting documentation for all data elements provided within the DSH survey must be maintained for a minimum of five years.

Exhibit A - Support of Uninsured I/P and O/P Hospital Services:

1. See Exhibit A for an example format of the information that needs to be available to support the data reported in Section H of the survey related to uninsured services provided in each cost reporting year needed to completely cover the DSH year. This information must be maintained by the facility in accordance with the documentation retention requirements outlined in the general instructions section. Submit a separate Exhibit A for each cost reporting period included in the survey.

2. Complete Exhibit A based on your individual state Medicaid hospital reimbursement methodology (if your state reimburses based on discharge date then only include claims in Exhibit A that were discharged during the cost reporting period for which you are pulling the data).

3. Exhibit A population should include all uninsured patients whose dates of service (see above) fall within the cost report period.

4. The total inpatient and outpatient *hospital (excluding professional fees, and other non-hospital items)* charges from Exhibit A, column N should tie to Section H, line 128 of the DSH survey.

Exhibit B - Support for Self-Pay I/P and O/P Hospital Payments Received:

1. See Exhibit B for an example format of the information that needs to be available to support the data reported in Section E of the survey related to ALL patient payments received during each cost reporting year needed to completely cover the DSH year. This information must be maintained by the facility in accordance with the documentation retention requirements outlined in the general instructions section. Submit a separate Exhibit B for each cost reporting period included in the survey.

   Note: Include Section 1011 payments received related to undocumented aliens if they are applied at a patient level.

2. Exhibit B population should include all payments received from patients during the cost report year regardless of dates of service and insurance status.

3. Only the payments received from uninsured patients should be included on Section H of the DSH survey, line 143. Payments from both the uninsured and insured patients should be reported on Section E of the DSH survey, lines 9 and 10, respectively. The total payments from Section H, line 143 should reconcile to Section E, line 9.

Section D - General Cost Report Year Information

1. For Lines 1 through 8 of Section D, please refer to the instructions listed above in the "General Information and Identification of Cost Reports that Cover the DSH Year" section.

2. For Lines 9 through 15, provide the name and Medicaid provider number for each state (other than your home state) where you had a current Medicaid provider agreement during the term of the DSH year. Per federal regulation, the DSH examination must review both in-state Medicaid services as well as out-of-state Medicaid services when determining the Medicaid shortfall or longfall.

Section E - Disclosure of Medicaid / Uninsured Payments Received

1. Please read "Note 1" located at the bottom of Section E before entering information for Lines 1 through 7. After reading through Note 1, please provide the applicable Section 1011 payment information as indicated.

2. Please read "Note 2" located at the bottom of Section E before entering information for Line 8. After reading through Note 2, please provide the total Out-of-State DSH payments as indicated.

3. Lines 9 and 10 should reconcile to the Exhibit B information provided by the facility.

4. Line 13 is a drop-down menu. Please answer 'Yes' or 'No' to the question.

5. Lines 14 and 15 should be completed if you answered 'Yes' to line 13. Please provide the amount of lump sum (non-claims-based) payments received from Medicaid Managed Care plans. Please also provide supporting documentation for the amounts reported in the form of cancelled checks, general ledger records, or some other financial records.

Section F - MIUR / LIUR Qualifying Data from the Cost Report

Section F-1 Total Hospital Days Used in Medicaid Inpatient Utilization Ration (MIUR)

1. Section F-1 is required to calculate the Medicaid Inpatient Utilization Rate (MIUR). The MIUR is a federal DSH eligibility criteria that must be met in order to receive DSH payments.

Section F-2 Cash Subsidies for Patient Services Received from State or Local Governments and Charity Care Charges

2. For Lines 2 through 6 report all state or local government cash subsidies received for patient care services. If the subsidies are directed specifically for inpatient or outpatient services, record the subsidies in the appropriate cell. If the subsidies do not specify inpatient or outpatient services, record the subsidies in the unspecified cell. If any subsidies are directed toward non-hospital services, record the subsidies in the non-hospital cell.

3. The unspecified subsidies will be allocated between inpatient and outpatient using your hospital volume statistics. State and local subsidies do not include regular Medicaid payments, supplemental (UPL) Medicaid payments or Medicaid/Medicare DSH payments. Subsidies are funds the hospital received from state or local government sources to assist hospitals to provide care to uninsured or underinsured patients.

4. Cash subsidies are used to calculate Medicaid DSH eligibility under the federal low-income utilization rate formula. They are NOT used to reduce your net uninsured cost for DSH payment programs.

5. For Lines 7 through 10 report the applicable charity care charges. Charity care charges are used in the calculation of the low-income utilization rate. Report the hospital's inpatient and outpatient charity care charges for the applicable cost reporting period. Any charity care charges related to non-hospital services should be reported on the non-hospital charity care charges line. Total charity care charges must reconcile to the charity care charges reported in your financial statements and/or annual audit or they must be in compliance with the definition of charity per your state's DSH payment program.

Section F-3 Calculation of Net Hospital Revenue from Patient Services (Used for LIUR)

6. For purposes of the low-income utilization rate (LIUR) calculation, it is necessary to calculate net hospital revenue from patient services. This section of the survey requests a breakdown of charges reported on cost report Worksheet G-2 between hospital and non-hospital services. The form directs you to allocate your total contractual adjustments, as reported on cost report Worksheet G-3, Line 2, between hospital and non-hospital services. The form provides space for an allocation of contractual allowances among service types. If contractual adjustment amounts are not maintained by service type in your accounting system, a reasonable allocation method must be used. This will allow for the calculation of net "hospital" revenue. Total charges and contractual adjustments must agree to your cost report. Contractuals may have been spread on the survey using formulas but you can overwrite those amounts with actual contractuals if you have the data.

7. A separate Excel workbook must be used for each cost reporting period needed to completely cover the DSH year as indicated in the "General Information and Identification of Cost Reports that Cover the DSH Year" section of the instructions.

Section G - CR Data

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS 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.

1. The provider should enter all applicable Routine and Ancillary Cost Centers not currently provided in Section G. Once the Routine and Ancillary Cost Centers have been entered into Section G of the DSH survey, they will populate the Routine and Ancillary Cost Centers on DSH survey "Sec. H - In-State", "Sec. I - Out-of-State.

2. If your teaching hospital removed intern and resident costs in Column 25 of Worksheet B, Part I, you will need to enter those amounts in the column provided so the amounts can be added back to your total cost per diems and CCRs for Medicaid/Uninsured. If intern and resident cost was not removed in Column 25 of Worksheet B, Part I then no entry is needed. Teaching costs should be included in the final cost per diems and CCRs.

3. After the Routine and Ancillary Cost Centers have been identified, it will be necessary for the provider to fill in the remaining information required by Section G. The location of the specific cost report information required by Schedule G for both Routine and Ancillary Cost Centers is identified in each column heading. The provider will NOT need to enter data into the "Net Cost", or "Medicaid Per Diem/Cost-to-Charge Ratios" columns as these are calculated columns.

4. Once the "Medicaid Per Diem/Cost-to-Charge Ratios" column has been calculated, the values will also populate on DSH Survey "Sec. H - In-State", and "Sec. I - Out-of-State".

Section H - Calculation of In-State Medicaid and Uninsured I/P and O/P Costs:

1. This section of the survey is used to collect information to calculate the hospital's Medicaid shortfall or longfall. By federal Medicaid DSH regulations, the shortfall/longfall must be calculated using Medicare cost report costing methodologies.

2. The routine per diem cost per day for each hospital routine cost center present on the Medicaid cost report will automatically populate in Section H after DSH Survey "Sec. G - CR Data" has been completed. These amounts are calculated on Worksheet D-1 of the cost report. The ancillary cost-to-charge ratio for each ancillary cost center on your cost report will also automatically be populated in Section H after DSH Survey "Sec. G - CR Data" has been completed.

3. Record your routine days of care, routine charges and I/P and O/P ancillary charges in the next several columns. This information, when combined with cost information from the cost report, will calculate the total cost of hospital services provided to Medicaid and uninsured individuals.

In-State Medicaid FFS Primary

Traditional Medicaid Primary (should exclude non-Title 19 programs such as CHIP/SCHIP)
In these two columns, record your in-state Medicaid fee-for-services days and charges. The days and charges should reconcile to your Medicaid provider statistics and reimbursement (PS&R) report, or your state version generated from the MMIS. Record in the box labeled "Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)," the total (gross) payments, prior to reductions for third party liability (TPL), your hospital received for these services. Reconcile your responses on the survey with the PS&R total at the bottom of each column. Provide an explanation for any unreconciled amounts.

In-State Medicaid Managed Care Primary

Managed Care Medicaid Primary (should exclude non-Title 19 programs such as CHIP/SCHIP)
Same requirements as above, except payments received from the Medicaid Managed Care entity should be reported on the line titled "Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down)". If your hospital does business with more than one in-state Medicaid managed care entity, your combined results should be reported in these two columns (inpatient and outpatient). NOTE: 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.

In-State Medicare FFS Cross-Overs (with Medicaid Secondary)

Traditional Medicare Primary with Traditional Medicaid or Managed Care Medicaid Secondary
Each hospital must report its Medicare/Medicaid cross-over claims summary data on the survey. Total cross-over days and routine and ancillary charges must be reported and grouped in the same cost centers as reported on the hospital's cost report. Report payments as instructed on each line. In total, payments must include all amounts collected from the Medicare program, patient co-pays and deductible payments, Medicare bad debt payments, and any Medicaid payments and other third party payments.

N/A

Traditional Medicare Primary with Traditional Medicaid or Managed Care Medicaid Secondary
Each hospital must report its Medicare/Medicaid cross-over claims summary data on the survey. Total cross-over days and routine and ancillary charges must be reported and grouped in the same cost centers as reported on the hospital's cost report. Report payments as instructed on each line. In total, payments must include all amounts collected from the Medicare program, patient co-pays and deductible payments, Medicare bad debt payments, and any Medicaid payments and other third party payments.

N/A

In-State Other Medicaid Eligibles (Not Included Elsewhere)

In-State Other Medicaid Eligibles (Not Included Elsewhere) (should exclude non-Title 19 programs such as CHIP/SCHIP)

Enter claim charges, days, and payments for any other Medicaid-Eligible patients that have not been reported anywhere else in the survey. The patients must be Medicaid-eligible for the dates of service and they must be supported by Exhibit C and include the patient's Medicaid ID number. This would include Medicare Part C cross-overs not reported elsewhere on the survey.

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Uninsured
Federal requirements mandate the uninsured services must be costed using Medicare cost reporting methodologies. As such, a hospital will need to report the uninsured days of care they provided each cost reporting period, by routine cost center, as well as inpatient and outpatient ancillary service revenue by cost report cost center. Exhibit A has been prepared to assist hospitals in developing the data needed to support responses on the survey. This data must be maintained in a reviewable format. It must also only include charges for inpatient and outpatient hospital services, excluding physician charges and other non-hospital charges. Per federal guidelines uninsured patients are individuals with no source of third party healthcare coverage (insurance) or third party liability for the specific service provided. See "Uninsured Definitions" tab for additional details.

4. Federal requirements mandate the hospital cost of providing services to the uninsured during the DSH year must be reduced by uninsured self-pay payments received during the DSH year. Exhibit B will assist hospitals in developing the data necessary to support uninsured payments received during each cost reporting period. The data must be maintained in a reviewable format and made available upon request.

Section I - Calculation of Out-of-State Medicaid Costs:

1. This schedule is formatted similar to Schedule H. It should be prepared to capture all out-of-state Medicaid FFS, managed care, FFS cross-over and managed care cross-over services the hospital provided during the cost reporting year. Like Schedule H, a separate schedule is required for each cost reporting period needed to completely cover the DSH year. Amounts reported on this schedule should reconcile to the out-of-state PS&R (or equivalent schedule) produced by the Medicaid program or managed care entity.

Out-of-State Medicaid FFS Primary
Traditional Medicaid Primary (should exclude non-Title 19 programs such as CHIP/SCHIP)

Out-of-State Medicaid Managed Care Primary
Managed Care Medicaid Primary (should exclude non-Title 19 programs such as CHIP/SCHIP)

Out-of-State Medicare FFS Cross-Overs (with Medicaid Secondary)
Traditional Medicare Primary with Traditional Medicaid or Managed Care Medicaid Secondary

Out-of-State Other Medicaid Eligibles (Not Included Elsewhere)
Out-of-State Other Medicaid Eligibles (Not Included Elsewhere) (should exclude non-Title 19 programs such as CHIP/SCHIP)

Section J - Calculation of In-State Medicaid and Uninsured Organ Acquisition Costs:

1. **This section is to be completed by hospitals that have incurred in-state Medicaid or uninsured organ acquisition costs only. Information is collected in a format similar to Section H.**

2. Total Medicaid and uninsured organ acquisition cost is calculated based on the ratio of Medicaid and uninsured useable organs to total organs.

Section K - Calculation of Out-of-State Medicaid Organ Acquisition Costs:

1. **This section is to be completed by hospitals that have incurred out-of-state Medicaid organ acquisition costs only. Information is collected in a format similar to Section I.**
2. Total Medicaid and uninsured organ acquisition cost is calculated based on the ratio of Medicaid and uninsured useable organs to total organs.
3. The following columns will **NOT** need to be entered by the provider as they will automatically populate after Section J has been completed: "Total Organ Acquisition Cost", "Revenue for Medicaid/Uninsured Organs Sold", and "Total Useable Organs (Count)".

Section L. Provider Tax Assessment Reconciliation / Adjustment:

1. **This section is to be completed by all hospitals in states that assess a provider tax on hospitals. Complete all lines as instructed below.**

   The objective of this form is to determine the state-assessed total hospital provider tax not included in your cost-to-charge ratios and per diem cost on the cost report.
2. Line 1 should be the total hospital Provider Tax Assessment from the general ledger, whether it is included as an expense, a revenue offset, etc..

   It should exclude non-hospital assessments such as a nursing facility tax unless an adjustment is made on W/S A-8 to remove the non-hospital expense.
3. Line 2 should be the total amount of the Provider Tax Assessment from line 1 that is included in Expense on Worksheet A, Column 2 of the cost report. Please report the cost report line number in which the expense is included in the box provided.
4. If there is a difference in the values you are reporting in lines 1 and 2, please explain that difference in the box provided (or attach separate explanation if it won't fit).
5. Lines 4-7 should identify any amount of the Provider Tax expense that was reclassified on Worksheet A-6 of the cost report. Please report the reasons for the reclassifications and the cost report line numbers affected in the boxes provided.
6. Lines 8-11 should identify any amount of the hospital allowable Provider Tax expense (assessed by the state) that was adjusted on Worksheet A-8 of the cost report.

   Please report the reasons for the adjustments and the affected cost report line numbers in the boxes provided.
7. Lines 12-15 should identify Provider Tax expense adjustments on Worksheet A-8 of the cost report that are not related to the actual tax assessed by the state (e.g., association fees, other funding arrangments outside of the state's assessed tax).

   Please report the reasons for the adjustments and the affected cost report line numbers in the boxes provided.
8. Line 16 calculates the net Provider tax expense included in the cost report after all reclassifications and adjustments.
9. Line 17 calculates the total Provider Tax expense that has been excluded from the cost report - this amount is used to determine the amount that will be added back to your hospital's DSH UCC.
10. The amount on Line 25 may NOT be the final amount added into your DSH UCC. The examination will review the various adjustments and reconciliations and make a final determination.

Please submit your completed cost report year surveys (Part II), along with your Part I DSH Year Survey, and uninsured data analyses (exhibits A and B) electronically to Myers and Stauffer LC. This information contains protected health information (PHI), and as such, should be uploaded to the secure web portal at https://dsh.mslc.com or sent on CD or DVD via U.S. mail, or via other carrier authorized to transfer PHI.

Submit To:

Myers and Stauffer LC
Attention: DSH Examinations
700 W. 47th Street, Suite 1100
Kansas City, MO 64112
Web Portal: https://dsh.mslc.com
Phone: (800) 374-6858
e-mail: GADSH@mslc.com

Include In Hospital Uninsured Charges:

To the extent hospital charges pertain to services that are medically necessary under applicable Medicaid standards and the services are defined as inpatient or outpatient hospital services under the Medicaid state plan the following charges are generally considered to be "uninsured":

Hospital inpatient and outpatient charges for services to patients who have no source of third party coverage for a specific inpatient hospital or outpatient hospital service (reported based on date of service). (*42 CFR 447.295 (b))*

- Include facility fee charges generated for hospital provider based sub-provider services to uninsured patients. Such services are identified as psychiatric or rehabilitation services, as identified on the facility cost report, Worksheet S-2, Line 3. The costs of these services are included on the provider's cost report.
- Include hospital charges for undocumented aliens with no source of third party coverage for hospital services. (73 FR dated 12/19/08, page 77916 / 42 CFR 447.299 (13))
- Include lab and therapy outpatient hospital services.
- Include services paid for by religious charities with no legal obligation to pay.

Include In Hospital Uninsured Payments:

Include all payments provided for hospital patients that met the uninsured definition for the specific inpatient or outpatient hospital service provided. The payments must be reported on a cash basis (report in the year provided, regardless of the year of service). (73 FR dated 12/19/08, pages 77913 & 77927)

- Include uninsured liens and uninsured accounts sold, when the cash is collected. (73 FR dated 12/19/08, pages 77942 & 77927)
- Include Section 1011 payments for hospital services without insurance or other third party coverage (undocumented aliens). (42 CFR 447.299 (13))
- Include other waiver payments for uninsured such as Hurricane Katrina/Rita payments. (73 FR dated 12/19/08, pages 77942 & 77927)

Do NOT Include In Hospital Uninsured Charges:

Exclude charges for patients who had hospital health insurance or other legally liable third party coverage for the specific inpatient or outpatient hospital service provided. Exclude charges for all non-hospital services. (42 CFR 447.295 (b))

- Exclude professional fees for hospital services to uninsured patients, such as Emergency Room (ER) physician charges and provider-based outpatient services. Exclude all physician professional services fees and CRNA charges. (42 CFR 447.299 (15) / 73 FR dated 12/19/08, pages 77924-77926)
- Exclude bad debts and charity care associated with patients that have insurance or other third party coverage for the specific inpatient or outpatient hospital service provided. (42 CFR 447.299 (15) and 42 CFR 447.295 (b))
- Exclude claims denied by an active health insurance carrier unless the entire claim was denied due to exhaustion of benefits or due to the benefit package not covering the specific inpatient or outpatient hospital service provided. *(73 FR dated 12/19/08, pages 77910-77911, 77913 and 42 CFR 447.295 (b))*
- Exclude uninsured charges for services that are not medically necessary (including elective procedures), under applicable Medicaid standards (if the service does not meet definition of a hospital service covered under the Medicaid state plan). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, pages 77913 & 77930)*
- Exclude charges for services to prisoners (wards of the state). *(73 FR dated 12/19/08, page 77915 / State Medicaid Director letter dated August 16, 2002)*
- Exclude Medicaid eligible patient charges (even if claim was not paid or denied). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, page 77916)*
- Exclude patient charges covered under an automobile or liability policy that actually covers the hospital service (insured). *(45 CFR 146.113, 45 CFR 146.145, 73 FR dated 12/19/08, pages 77911 & 77916)*
- Exclude contractual adjustments required by law or contract with respect to services provided to patients covered by Medicare, Medicaid or other government or private third party payers (insured). (*42 CFR 447.299 (15), 73 FR dated 12/19/08, page 77922)*
- Exclude charges for services to patients where coverage has been denied by the patient's public or private payer on the basis of lack of medical necessity, regardless as to whether they met Medicaid's medical necessity and coverage criteria (still insured). *(73 FR dated 12/19/08, page 77916)*
- Exclude charges related to accounts with unpaid Medicaid or Medicare deductible or co-payment amounts (patient has coverage). *(42 CFR 447.299 (15))*

- Exclude charges associated with the provision of durable medical equipment (DME) or prescribed drugs that are for "at home use", because the goods or services upon which these charges are based are not hospital services. *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, page 77913)*

- Exclude charges associated with services not billed under the hospital's provider numbers, as identified on the facility cost report, Worksheet S-2, Lines 2 and 3. These include non-hospital services offered by provider owned or provider based nursing facilities (SNF) and home health agencies (HHA). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, page 77913)*

- Exclude facility fees generated in provider based rural health clinic outpatient facilities (not a hospital service in state plan). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, pages 77913 & 77926)*

- Exclude charges for provider's swing bed SNF services (not a hospital service in state plan). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, page 77913)*

- Exclude non-Title XIX charges including stand-alone Supplemental Children's Hospital Insurance Programs (SCHIP / CHIP).

- Exclude Independent Clinical ("Reference") Laboratory Charges (not a hospital service). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, page 77913)*

Do NOT Include In Hospital Uninsured Payments:

- Exclude State, county or other municipal subsidy payments made to hospitals for indigent care. *(42 CFR 447.299 (12))*

- Exclude any individual payments or third party payments on deductibles and co-insurance on Commercial and Medicare accounts (cost not included so neither is payment). *(42 CFR 447.299 (15))*

- Exclude collections for non-hospital services: Skilled Nursing Facility, Nursing Facility, Rural Health Clinic, Federally Qualified Health Clinic, and non-hospital clinics (i.e. clinics not reported on Worksheet "C" Part I) (not hospital services). *(42 CFR 447.299 (14) / 73 FR dated 12/19/08, page 77913)*

December 3, 2014 Final Rule Highlights:

- **Medicaid Eligible Individuals:**

  • If an individual is Medicaid eligible for any day during a single inpatient stay for a particular service, states must classify the individual as Medicaid eligible.

  • If an individual is not Medicaid eligible and has a source of third party coverage for all or a portion of the single inpatient stay for a particular service, states cannot include any costs and revenues associated with that particular service when calculating the hospital-specific DSH limit.

• If an individual has no source of third-party coverage for the specific inpatient hospital or outpatient hospital service, states should classify the individual as uninsured and include all costs and revenues associated with the particular service when calculating the hospital-specific DSH limit.

- **Uninsured and Underinsured:**

  • Individuals who have exhausted benefits before obtaining services will be considered uninsured.

  • Individuals who exhaust covered benefits during the course of a service will not be considered uninsured for the particular service. If the individual is not Medicaid eligible and has a source of third party coverage for all or a portion of the single inpatient stay for a particular service, the costs and revenues of the service cannot be included in the hospital-specific DSH limit.

  • Individuals with high deductible or catastrophic plans are considered insured for the service even in instances when the policy requires the individual to satisfy a deductible and/or share in the overall cost of the hospital service. The cost and revenues associated with these claims cannot be included in the hospital-specific DSH limit.

  • The costs and revenues, including the payments from private insurance for Medicaid eligible individuals, should be included in the calculation of the hospital-specific DSH limit.

- **Scope of Inpatient and Outpatient Hospital Services:**

  • To be considered as an inpatient or outpatient hospital service for purposes of Medicaid DSH, the service must meet the federal and state definitions of inpatient or outpatient hospital services and must be included in the state's definition of an inpatient or outpatient hospital service under the approved state plan.

  • FQHC services are not inpatient or outpatient hospital services and cannot be included in the hospital-specific DSH limit.

  • Example: If transplant services are not covered under the approved state plan, costs associated with transplants cannot be included in calculating the hospital-specific DSH limit.

  • Example: NF, HHA, employed physicians or other licensed practitioners are not recognized as inpatient or outpatient hospital services and are not covered under the inpatient or outpatient hospital Medicaid benefit service categories and cannot be included in the hospital-specific DSH limit.

  • Administratively necessary days (days awaiting placement) are recognized as inpatient hospital services and should be included in the hospital-specific DSH limit.

- **Timing of Service Specific Determination:**

  • The determination of an individual's status as having a source of third party coverage can occur only once per individual per service provided and applies to the entire claim's services.

• When benefits have been exhausted for individuals with a source of third party coverage, only costs associated with separate services provided after the exhaustion of covered benefits are permitted for inclusion in the calculation of the hospital-specific limit. These services must be a separate service based on the definition of a service for Medicaid (e.g., separate inpatient stay or separate outpatient billing period).

• Uncompensated care costs incurred by hospitals due to unpaid co-pays, co-insurance, or deductibles associated with a non-Medicaid eligible individual cannot be included in the calculation of the hospital-specific DSH limit.

■ **Physician Services:**

• Services that are not inpatient or outpatient hospital services, including physician services, must be excluded when calculating the hospital-specific DSH limit.

• Exception: Costs where insurance pays an all inclusive rate are allowable.

• Physician costs under Section 1115 waivers are still excluded from the DSH limit calculation.

■ **Prisoners:**

• Individuals who are inmates in a public institution or are otherwise involuntarily in secure custody as a result of criminal charges are considered to have a source of third party coverage.

■ **Indian Health Services:**

• For Medicaid DSH purposes, American Indians/Alaska Natives are considered to have third party coverage for inpatient and outpatient hospital services received directly from IHS or tribal health programs (direct health care services) and for services specifically authorized under CHS.

• Determining factor in deciding whether an American Indian or Alaska Native has health insurance for I/P or O/P hospital service is if the providing entity is an IHS facility or tribal health program.

• Contract Services (Non-IHS provider): if the service is specifically authorized via a purchase order or equivalent document, it is considered to be insured. If it does not have an authorization, it is considered an uninsured service.

Example of Exhibit A - Uninsured Charges

Claim Type (A)	Primary Payer Plan (B)	Secondary Payer Plan (C)	Hospital's Medicaid Provider # (D)	Patient Identifier Code (PCN) (E)	Patient's Birth Date (F)	Patient's Social Security Number (G)	Patient's Gender (H)	Name (I)	Admit Date (J)	Discharge Date (K)	Service Indicator (Inpatient / Outpatient) (L)	Revenue Code (M)	Total Charges for Services Provided (N) *	Routine Days of Care (O)	Total Patient Payments for Services Provided (P) **	Total Private Insurance Payments for Services Provided (Q) **	Claim Status (Exhausted or Non-Covered Service ***, if applicable) (R)
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	110	$ 4,000.00	7		$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	200	$ 4,500.00	3		$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	250	$ 5,200.25			$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	300	$ 2,700.00			$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	360	$ 15,000.75			$ -	
Uninsured Charges	Charity	Self-Pay	12345	2222222	1/1/1960	999-99-999	Female	Doe, Jane	3/1/2010	3/11/2010	Inpatient	450	$ 1,000.25			$ -	
Uninsured Charges	Medicare		12345	4444444	7/12/1985	999-99-999	Male	Jones, James	6/15/2010	6/15/2010	Outpatient	250	$ 150.00		$ 500.00	$ -	Exhausted
Uninsured Charges	Medicare		12345	4444444	7/12/1985	999-99-999	Male	Jones, James	6/15/2010	6/15/2010	Outpatient	450	$ 750.00		$ 500.00	$ -	Exhausted
Uninsured Charges	Blue Cross		12345	1111111	3/5/2000	999-99-999	Male	Smith, Mike	8/10/2010	8/10/2010	Outpatient	450	$ 1,100.00			$ -	Non-Covered Service

Notes for Completing Exhibit A:

* All charges for non-hospital services should be excluded.

** Payments reported in Columns P & Q are not reported in the survey. These amounts are used for examination purposes only. Amount should include all payments received to date on the account.

*** Report services not covered under the patient's insurance package as a "Non-Covered Service". **Note - the service must be covered under the state Medicaid plan.**

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

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Example of Exhibit B - Self Pay Collections

Claim Type (A)	Primary Payer Plan (B)	Secondary Payer Plan (C)	Transaction Code (D)	Hospital's Medicaid Provider # (E)	Patient Identifier Code (PCN) (F)	Patient's Birth Date (G)	Patient's Social Security Number (H)	Patient's Gender (I)	Name (J)	Admit Date (K)	Discharge Date (L)	Date of Cash Collection (M)	Amount of Cash Collections (N)	Indicate if Collection is a 1011 Payment (O) ***	Service Indicator (Inpatient / Outpatient) (P)	Total Hospital Charges for Services Provided (Q) *	Total Physician Charges for Services Provided (R)	Total Other Non-Hospital Charges for Services Provided (S) **	Insurance Status When Services Were Provided (Insured or Uninsured) (T) *	Claim Status (Exhausted or Non-Covered Service****, if applicable) (U)	Calculated Hospital Uninsured Collections If (T)="Uninsured" or (U)="Exhausted" or (U)="Non-Covered Service", (Q)/((Q)+(R)+(S))*(N), 0) *****
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	1/1/2010	$ 50	No	Inpatient	$ 10,000	$ 900	$ -	Insured		$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	2/1/2010	$ 50	No	Inpatient	$ 10,000	$ 900	$ -	Insured		$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	3/1/2010	$ 50	No	Inpatient	$ 10,000	$ 900	$ -	Insured		$ -
Self Pay Payments	Medicare	Medicaid	500	12345	3333333	2/7/2025	999-99-999	Male	Jones, Anthony	7/12/1995	7/14/1995	4/1/2010	$ 50	No	Inpatient	$ 10,000	$ 900	$ -	Insured		$ -
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	9/30/2009	$ 150	No	Outpatient	$ 2,000	$ -	$ 50	Insured	Exhausted	$ 146
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	10/31/2009	$ 150	No	Outpatient	$ 2,000	$ -	$ 50	Insured	Exhausted	$ 146
Self Pay Payments	Blue Cross		150	12345	9999999	9/25/1979	999-99-999	Male	Smith, John	9/21/2000	9/21/2000	11/30/2009	$ 150	No	Outpatient	$ 2,000	$ -	$ 50	Insured	Exhausted	$ 146
Self Pay Payments	Self-Pay		500	12345	7777777	7/9/2000	999-99-999	Male	Cliff, Heath	12/31/2009	1/1/2010	5/15/2010	$ 90	No	Inpatient	$ 15,000	$ 1,000	$ -	Uninsured		$ 84
Self Pay Payments	Self-Pay		500	12345	7777777	7/9/2000	999-99-999	Male	Cliff, Heath	12/31/2009	1/1/2010	5/31/2010	$ 90	No	Inpatient	$ 15,000	$ 1,000	$ -	Uninsured		$ 84
Self Pay Payments	United Healthcare		500	12345	5555555	2/15/1960	999-99-999	Male	Johnson, Joe	9/1/2005	9/3/2005	11/12/2010	$ 130	No	Inpatient	$ 14,000	$ 400	$ 50	Insured	Non-Covered Service	$ 126

Notes for Completing Exhibit B:

* Charges and insurance status will be the same when listing multiple payments for the same patient and dates of service.

** Other Non-Hospital Charges should include RHC, FQHC, Pharmacy, etc...

*** If Section 1011 (Undocumented Alien) payments are applied at a patient level, include those payments in the cash collection column. If they are not applied at patient level, include them in Section E of the survey document.

**** Report services not covered under the patient's insurance package as a "Non-Covered Service". **Note - the service must be covered under the state Medicaid plan.**

***** The total Calculated Hospital Uninsured Collections (column V) should tie to the total Inpatient and Outpatient payments reported in Section H, Line 143 of the DSH Survey.

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

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Example of Exhibit C (Other Medicaid Eligible example)

Claim Type (A) **	Primary Payer Plan (B)	Secondary Payer Plan (C)	Hospital's Medicaid Provider # (D)	Patient Identifier Number (PCN) (E)	Patient's Medicaid Recipient # (F)	Patient's Birth Date (G)	Patient's Social Security Number (H)	Patient's Gender (I)	Name (J)	Admit Date (K)	Discharge Date (L)	Service Indicator (Inpatient / Outpatient) (M)	Revenue Code (N)	Total Charges for Services Provided (O) *	Routine Days of Care (P)	Total Medicare Payments for Services Provided (Q)	Total Medicare HMO Payments for Services Provided (R)	Total Medicaid Payments for Services Provided (S)	Medicaid MCO Payments for Services Provided (T)	Total Private Insurance Payments for Services Provided (U)	Self-Pay Payments (V)	Sum of All Payments Received on Claim (Q)+(R)+(S)+(T)+(U)+(V)
Other Medicaid Eligibles	Blue Cross	Medicaid	12345	888888	123456789	1/1/1960	999-99-999	Male	James, Samuel	9/1/2009	9/4/2009	Inpatient	120	$ 1,200	3	$ -	$ -	$ 50	$ -	$ 1,500	$ -	$ 1,550
Other Medicaid Eligibles	Blue Cross	Medicaid	12345	888888	123456789	1/1/1960	999-99-999	Male	James, Samuel	9/1/2009	9/4/2009	Inpatient	206	$ 1,500	1	$ -	$ -	$ 50	$ -	$ 1,500	$ -	$ 1,550
Other Medicaid Eligibles	Blue Cross	Medicaid	12345	888888	123456789	1/1/1960	999-99-999	Male	James, Samuel	9/1/2009	9/4/2009	Inpatient	250	$ 100	-	$ -	$ -	$ 50	$ -	$ 1,500	$ -	$ 1,550
Other Medicaid Eligibles	Blue Cross	Medicaid	12345	888888	123456789	1/1/1960	999-99-999	Male	James, Samuel	9/1/2009	9/4/2009	Inpatient	300	$ 375	-	$ -	$ -	$ 50	$ -	$ 1,500	$ -	$ 1,550
Other Medicaid Eligibles	Blue Cross	Medicaid	12345	888888	123456789	1/1/1960	999-99-999	Male	James, Samuel	9/1/2009	9/4/2009	Inpatient	450	$ 1,500	-	$ -	$ -	$ 50	$ -	$ 1,500	$ -	$ 1,550
Other Medicaid Eligibles	Aetna	Medicaid	12345	666666	978654321	7/12/1985	999-99-999	Female	Johnson, Sandy	6/30/2010	6/30/2010	Outpatient	250	$ 100	-	$ -	$ -	$ -	$ -	$ 900	$ 75	$ 975
Other Medicaid Eligibles	Aetna	Medicaid	12345	666666	978654321	7/12/1985	999-99-999	Female	Johnson, Sandy	6/30/2010	6/30/2010	Outpatient	300	$ 375	-	$ -	$ -	$ -	$ -	$ 900	$ 75	$ 975
Other Medicaid Eligibles	Aetna	Medicaid	12345	666666	978654321	7/12/1985	999-99-999	Female	Johnson, Sandy	6/30/2010	6/30/2010	Outpatient	450	$ 1,500	-	$ -	$ -	$ -	$ -	$ 900	$ 75	$ 975
Other Medicaid Eligibles	Cigna	Medicaid	12345	555555	654321978	3/5/2000	999-99-999	Female	Jeffery, Susan	2/28/2010	2/28/2010	Outpatient	300	$ 375	-	$ -	$ -	$ 100	$ -	$ 1,000	$ -	$ 1,100
Other Medicaid Eligibles	Cigna	Medicaid	12345	555555	654321978	3/5/2000	999-99-999	Female	Jeffery, Susan	2/28/2010	2/28/2010	Outpatient	450	$ 1,500	-	$ -	$ -	$ 100	$ -	$ 1,000	$ -	$ 1,100

Notes for Completing Exhibit C:

* All charges for non-hospital services should be excluded.

** **A separate Exhibit C file should be submitted for each claim type reported (e.g. Medicaid Managed Care, Other Medicaid Eligibles, Out-of-State Medicaid, etc.). The format above should be used for each Exhibit C.**

Please submit the above data in the electronic file included with this survey document. The electronic file must be submitted in Excel (.xls or .xlsx). If this is not possible, the data must be submitted as a CSV (.csv) file using either the TAB or | (pipe symbol above the ENTER key). The data may not be accepted if not in one of these formats. Please do not alter column headings! These column headings will be used to input patient detail into a database from which Myers and Stauffer will generate reports.

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DSH Version 8.00 3/31/2020

D. General Cost Report Year Information 10/1/2018 - 9/30/2019

The following information is provided based on the information we received from the state. Please review this information for items 4 through 8 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:	COLQUITT REGIONAL MEDICAL CENTER		
	10/1/2018 through 9/30/2019		
2. Select Cost Report Year Covered by this Survey (enter "X"):	X		
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:	3/4/2020		

	Data	Correct?	If Incorrect, Proper Information
4. Hospital Name:	COLQUITT REGIONAL MEDICAL CENTER		
5. Medicaid Provider Number:	000002021A		
6. Medicaid Subprovider Number 1 (Psychiatric or Rehab):	0		
7. Medicaid Subprovider Number 2 (Psychiatric or Rehab):	0		
8. 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		

Out-of-State Medicaid Provider Number. List all states where you had a Medicaid provider agreement during the cost report year:

	State Name	Provider No.
9. State Name & Number		
10. State Name & Number		
11. State Name & Number		
12. State Name & Number		
14. State Name & Number		
15. State Name & Number		

(List additional states on a separate attachment)

E. Disclosure of Medicaid / Uninsured Payments Received: (10/01/2018 - 09/30/2019)

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)	$ -
4. **Total Section 1011 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)	$ -
7. **Total Section 1011 Payments Related to Non-Hospital Services (See Note 1)**	$-
8. **Out-of-State DSH Payments (See Note 2)**	$ -

	Inpatient	Outpatient	Total
9. Total Cash Basis Patient Payments from Uninsured (On Exhibit B)	$ 122,284	$ 1,146,822	$1,269,106
10. Total Cash Basis Patient Payments from All Other Patients (On Exhibit B)	$ 539,259	$ 3,642,371	$4,181,630
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)	$661,543	$4,789,193	$5,450,736
12. Uninsured Cash Basis Patient Payments as a Percentage of Total Cash Basis Patient Payments:	18.48%	23.95%	23.28%

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.

14. 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.

F. MIUR / LIUR Qualifying Data from the Cost Report (10/01/2018 - 09/30/2019)

F-1. Total Hospital Days Used in Medicaid Inpatient Utilization Ratio (MIUR)

1.	Total Hospital Days Per Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 8, Sum of Lns. 14, 16, 17, 18.00-18.03, 30, 31 less lines 5 & 6)	21,216	**(See Note in Section F-3, below)**

F-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	$ -

F-3. Calculation of Net Hospital Revenue from Patient Services (Used for LIUR) (W/S G-2 and G-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 CMS HCRIS 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)			
11.	Hospital	$20,525,680.00			$ 14,065,180	$ -	$ -	$ 6,460,500
12.	Subprovider I (Psych or Rehab)	$0.00			$ -	$ -	$ -	$ -
13.	Subprovider II (Psych or Rehab)	$0.00			$ -	$ -	$ -	$ -
14.	Swing Bed - SNF			$1,251,832.00			$ 857,815	
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	$102,777,253.00	$226,463,514.00		$ 70,427,901	$ 155,183,657	$ -	$ 103,629,209
20.	Outpatient Services		$38,001,904.00			$ 26,040,726	$ -	$ 11,961,178
21.	Home Health Agency			$0.00			$ -	
22.	Ambulance			$ 4,618,794			$ 3,165,019	
23.	Outpatient Rehab Providers			$0.00	$ -	$ -	$ -	$ -
24.	ASC	$0.00	$0.00		$ -	$ -	$ -	$ -
25.	Hospice			$2,142,407.00			$ 1,468,080	
26.	Other	$7,790,426.00	$19,205,510.00	$1,718,004.00	$ 5,338,373	$ 13,160,536	$ 1,177,259	$ 8,497,026
27.	Total	$ 131,093,359	$ 283,670,928	$ 9,731,037	$ 89,831,454	$ 194,384,920	$ 6,668,173	$ 130,547,913

29.	Total Per Cost Report	Total Patient Revenues (G-3 Line 1)	424,495,324	Total Contractual Adj. (G-3 Line 2)	290,884,547
30.	Increase worksheet G-3, Line 2 for Bad Debts NOT INCLUDED 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 INCLUDED 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 INCLUDED 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 INCLUDED 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 INCLUDED on worksheet G-3, Line 2 (impact is an increase in net patient revenue)"			-	
35.	Adjusted Contractual Adjustments				290,884,547
36.	Unreconciled Difference	Unreconciled Difference (Should be $0)	$ -	Unreconciled Difference (Should be $0)	$ -

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019) | COLQUITT REGIONAL MEDICAL CENTER

NOTE: All data in this section must be verified by the hospital. If data is already present in this section, it was completed using CMS HCRIS 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.

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*
	Routine Cost Centers (list below):									
1	03000 ADULTS & PEDIATRICS	$ 23,281,485	$ 236,477	$ -	$0.00	$ 23,517,962	21,177	$17,724,016.00		$ 1,110.54
2	03100 INTENSIVE CARE UNIT	$ 4,340,879	$ 101,347	$ -		$ 4,442,226	2,601	$4,053,496.00		$ 1,707.89
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	$ 692,227	$ -	$ -		$ 692,227	1,103	$767,713.00		$ 627.59
11		$ -	$ -	$ -		$ -	-	$0.00		$ -
12		$ -	$ -	$ -		$ -	-	$0.00		$ -
13		$ -	$ -	$ -		$ -	-	$0.00		$ -
14		$ -	$ -	$ -		$ -	-	$0.00		$ -
15		$ -	$ -	$ -		$ -	-	$0.00		$ -
16		$ -	$ -	$ -		$ -	-	$0.00		$ -
17		$ -	$ -	$ -		$ -	-	$0.00		$ -
18	Total Routine	$ 28,314,591	$ 337,824	$ -	$ -	$ 28,652,415	24,881	$ 22,545,225		
19	Weighted Average									$ 1,151.58

Line #	Observation Data (Non-Distinct)	*Hospital Observation Days - Cost Report W/S S-3, Pt. I, Line 28, Col. 8*	*Subprovider I Observation Days - Cost Report W/S S-3, Pt. I, Line 28.01, Col. 8*	*Subprovider II Observation Days - Cost Report W/S S-3, Pt. I, Line 28.02, Col. 8*	*Calculated (Per Diems Above Multiplied by Days)*	*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*
20	09200 Observation (Non-Distinct)	3,665	-	-	$ 4,070,129	$1,398,685.00	$6,586,483.00	$ 7,985,168	0.509711

Line #		*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*
	Ancillary Cost Centers (from W/S C excluding Observation) (list below):									
21	5000 OPERATING ROOM	$6,854,197.00	$ 168,913	$0.00		$ 7,023,110	$8,904,647.00	$24,118,188.00	$ 33,022,835	0.212674
22	5100 RECOVERY ROOM	$764,779.00	$ -	$0.00		$ 764,779	$666,649.00	$1,880,295.00	$ 2,546,944	0.300273
23	5200 DELIVERY ROOM & LABOR ROOM	$829,400.00	$ 135,130	$0.00		$ 964,530	$891,147.00	$0.00	$ 891,147	1.082347
24	5300 ANESTHESIOLOGY	$3,034,097.00	$ -	$0.00		$ 3,034,097	$1,627,905.00	$3,180,828.00	$ 4,808,733	0.630956
25	5400 RADIOLOGY-DIAGNOSTIC	$4,948,676.00	$ 25,337	$0.00		$ 4,974,013	$2,812,572.00	$11,653,118.00	$ 14,465,690	0.343849
26	5401 NUCLEAR MEDICINE-DIAG	$636,221.00	$ -	$0.00		$ 636,221	$1,326,984.00	$5,268,158.00	$ 6,595,142	0.096468
27	5700 CT SCAN	$1,353,345.00	$ -	$0.00		$ 1,353,345	$10,068,302.00	$33,657,323.00	$ 43,725,625	0.030951
28	6000 LABORATORY	$5,081,393.00	$ -	$0.00		$ 5,081,393	$21,256,282.00	$29,326,495.00	$ 50,582,777	0.100457
29	6500 RESPIRATORY THERAPY	$1,702,208.00	$ -	$0.00		$ 1,702,208	$6,439,346.00	$2,486,623.00	$ 8,925,969	0.190703
30	6600 PHYSICAL THERAPY	$4,187,542.00	$ 16,891	$0.00		$ 4,204,433	$2,200,854.00	$6,028,793.00	$ 8,229,647	0.510889

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019) COLQUITT 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	$2,585,904.00	$ -	$0.00		$ 2,585,904	$6,406,131.00	$21,211,750.00	$ 27,617,881	0.093632
32	7100	MEDICAL SUPPLIES CHARGED TO PATIENT	$14,495,930.00	$ -	$0.00		$ 14,495,930	$10,972,915.00	$10,203,386.00	$ 21,176,301	0.684536
33	7200	IMPL. DEV. CHARGED TO PATIENTS	$2,402,766.00	$ -	$0.00		$ 2,402,766	$4,621,847.00	$7,549,819.00	$ 12,171,666	0.197407
34	7300	DRUGS CHARGED TO PATIENTS	$9,739,438.00	$ -	$0.00		$ 9,739,438	$22,327,549.00	$36,545,759.00	$ 58,873,308	0.165430
35	7400	RENAL DIALYSIS	$5,339,085.00	$ -	$0.00		$ 5,339,085	$2,254,123.00	$33,352,979.00	$ 35,607,102	0.149944
36	9000	CLINIC	$2,316,462.00	$ 185,804	$0.00		$ 2,502,266	$115,607.00	$7,695,260.00	$ 7,810,867	0.320357
37	9001	URGENT CARE	$222,295.00	$ -	$0.00		$ 222,295	$0.00	$0.00	$ -	-
38	9002	CLINIC	$971,614.00	$ 658,760	$0.00		$ 1,630,374	$0.00	$0.00	$ -	-
39	9100	EMERGENCY	$6,408,197.00	$ 101,347	$0.00		$ 6,509,544	$4,945,530.00	$17,260,339.00	$ 22,205,869	0.293145
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	$ -	-

G. Cost Report - Cost / Days / Charges

Cost Report Year (10/01/2018-09/30/2019) COLQUITT 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**	$ 73,873,549	$ 1,292,182	$ -		$ 75,165,731	$ 109,237,075	$ 258,005,596	$ 367,242,671	
127		**Weighted Average**									0.210714
128		**Sub Totals**	$ 102,188,140	$ 1,630,006	$ -		$ 103,818,146	$ 131,782,300	$ 258,005,596	$ 389,787,896	
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)*					$171,189.00				
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**					$ 103,646,957				
133		Total Intern/Resident Cost as a Percent of Other Allowable Cost					1.60%				

* 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.

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

Line #	Cost Center Description	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 Totals
				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 G):			Days		Days		Days		Days		Days		Days		
1	03000 ADULTS & PEDIATRICS	$ 1,110.54		1,238		995		1,990		2,105		1,600		6,328		45.35%
2	03100 INTENSIVE CARE UNIT	$ 1,707.89		1,230		38		372		303		312		1,943		86.70%
3	03200 CORONARY CARE UNIT	$ -												-		
4	03300 BURN INTENSIVE CARE UNIT	$ -												-		
5	03400 SURGICAL INTENSIVE CARE UNIT	$ -												-		
6	03500 OTHER SPECIAL CARE UNIT	$ -												-		
7	04000 SUBPROVIDER I	$ -												-		
8	04100 SUBPROVIDER II	$ -												-		
9	04200 OTHER SUBPROVIDER	$ -												-		
10	04300 NURSERY	$ 627.59		255		609		-		50		65		914		88.76%
11		$ -												-		
12		$ -												-		
13		$ -												-		
14		$ -												-		
15		$ -												-		
16		$ -												-		
17		$ -												-		
18			Total Days	2,723		1,642		2,362		2,458		1,977		9,185		44.91%
19	Total Days per PS&R or Exhibit Detail			2,723		1,642		2,362		2,458		1,977				
20	Unreconciled Days (Explain Variance)			-		-		-		-		-				
				Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		Routine Charges		
21	Routine Charges			$ 2,419,614		$ 1,229,355		$ 2,632,739		$ 2,074,197		$ 1,551,709		$ 8,355,905		44.01%
21.01	Calculated Routine Charge Per Diem			$ 888.58		$ 748.69		$ 1,114.62		$ 843.86		$ 784.88		$ 909.73		
	Ancillary Cost Centers (from W/S C) (from Section G):			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)		0.509711	209,985	297,549	118,167	692,983	277,653	923,224	185,631	540,621	189,596	755,744	$ 791,436	$ 2,454,377	52.89%
23	5000 OPERATING ROOM		0.212674	818,463	859,630	676,838	2,547,108	1,088,239	2,254,752	841,948	1,261,293	748,634	1,326,640	$ 3,425,488	$ 6,922,783	37.64%
24	5100 RECOVERY ROOM		0.300273	73,562	79,432	87,780	281,381	90,667	172,927	75,184	100,518	59,655	114,387	$ 327,193	$ 634,258	44.62%
25	5200 DELIVERY ROOM & LABOR ROOM		1.082347	187,533	-	469,211		2,474	-	84,922				$ 744,139	$ -	83.50%
26	5300 ANESTHESIOLOGY		0.630956	145,345	118,114	51,488	439,316	204,349	234,855	164,426	140,281	120,340	200,171	$ 565,608	$ 932,566	37.85%
27	5400 RADIOLOGY-DIAGNOSTIC		0.343849	266,215	665,046	66,034	1,020,593	474,113	1,144,644	368,970	619,212	256,251	984,362	$ 1,175,332	$ 3,449,495	40.62%
28	5401 NUCLEAR MEDICINE-DIAG		0.096468	235,204	777,349	13,402	265,023	210,452	700,686	149,995	337,647	96,142	229,986	$ 609,053	$ 2,080,705	45.80%
29	5700 CT SCAN		0.030951	839,354	1,382,339	249,302	2,876,645	1,392,700	3,654,285	914,784	1,805,867	1,120,806	5,338,266	$ 3,396,140	$ 9,719,136	44.87%
30	6000 LABORATORY		0.100457	2,570,468	1,951,655	908,053	3,529,551	3,193,883	2,428,077	2,348,381	1,916,715	2,060,174	4,570,526	$ 9,020,785	$ 9,825,998	50.45%
31	6500 RESPIRATORY THERAPY		0.190703	669,371	231,205	87,099	281,734	683,568	449,348	481,870	205,299	374,495	353,052	$ 1,921,908	$ 1,167,586	42.87%
32	6600 PHYSICAL THERAPY		0.510889	189,184	93,568	9,236	287,619	234,870	265,158	233,777	282,058	64,903	196,936	$ 667,067	$ 928,403	22.59%
33	6900 ELECTROCARDIOLOGY		0.093632	424,145	575,329	67,229	624,471	821,810	3,601,019	496,322	1,886,716	663,880	1,521,045	$ 1,809,506	$ 6,687,535	38.73%
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.684536	1,230,874	442,628	449,260	969,626	1,416,835	1,116,089	1,032,899	631,287	739,312	911,301	$ 4,129,868	$ 3,159,630	42.27%
35	7200 IMPL. DEV. CHARGED TO PATIENTS		0.197407	353,970	202,551	120,104	420,986	729,269	875,459	628,529	503,219	83,754	146,646	$ 1,831,872	$ 2,002,216	33.45%
36	7300 DRUGS CHARGED TO PATIENTS		0.165430	2,723,129	2,544,671	915,432	1,822,598	2,774,674	5,231,402	2,162,595	1,785,568	2,042,802	2,671,093	$ 8,575,831	$ 11,384,240	41.96%
37	7400 RENAL DIALYSIS		0.149944	445,123	-	16,080		316,321	201,081	139,360	8,040	112,560	8,121	$ 916,884	$ 209,121	3.50%
38	9000 CLINIC		0.320357	1,104	485,696	4,036	196,054	40,784	817,063	22,143	702,060	7,361	143,209	$ 68,067	$ 2,200,873	30.98%
39	9001 URGENT CARE		-											$ -	$ -	
40	9002 CLINIC		-											$ -	$ -	
41	9100 EMERGENCY		0.293145	478,997	1,069,441	136,826	2,997,887	643,338	1,540,572	406,922	742,022	477,006	4,094,967	$ 1,666,083	$ 6,349,922	56.84%
42			-											$ -	$ -	
43			-											$ -	$ -	
44			-											$ -	$ -	
45			-											$ -	$ -	
46			-											$ -	$ -	
47			-											$ -	$ -	
48			-											$ -	$ -	
49			-											$ -	$ -	
50			-											$ -	$ -	
51			-											$ -	$ -	
52			-											$ -	$ -	
53			-											$ -	$ -	
54			-											$ -	$ -	
55			-											$ -	$ -	
56			-											$ -	$ -	
57			-											$ -	$ -	
58			-											$ -	$ -	
59			-											$ -	$ -	
60			-											$ -	$ -	

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

					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		%
61				-											$ -	$ -	-
62				-											$ -	$ -	
63				-											$ -	$ -	
64				-											$ -	$ -	
65				-											$ -	$ -	
66				-											$ -	$ -	
67				-											$ -	$ -	
68				-											$ -	$ -	
69				-											$ -	$ -	
70				-											$ -	$ -	
71				-											$ -	$ -	
72				-											$ -	$ -	
73				-											$ -	$ -	
74				-											$ -	$ -	
75				-											$ -	$ -	
76				-											$ -	$ -	
77				-											$ -	$ -	
78				-											$ -	$ -	
79				-											$ -	$ -	
80				-											$ -	$ -	
81				-											$ -	$ -	
82				-											$ -	$ -	
83				-											$ -	$ -	
84				-											$ -	$ -	
85				-											$ -	$ -	
86				-											$ -	$ -	
87				-											$ -	$ -	
88				-											$ -	$ -	
89				-											$ -	$ -	
90				-											$ -	$ -	
91				-											$ -	$ -	
92				-											$ -	$ -	
93				-											$ -	$ -	
94				-											$ -	$ -	
95				-											$ -	$ -	
96				-											$ -	$ -	
97				-											$ -	$ -	
98				-											$ -	$ -	
99				-											$ -	$ -	
100				-											$ -	$ -	
101				-											$ -	$ -	
102				-											$ -	$ -	
103				-											$ -	$ -	
104				-											$ -	$ -	
105				-											$ -	$ -	
106				-											$ -	$ -	
107				-											$ -	$ -	
108				-											$ -	$ -	
109				-											$ -	$ -	
110				-											$ -	$ -	
111				-											$ -	$ -	
112				-											$ -	$ -	
113				-											$ -	$ -	
114				-											$ -	$ -	
115				-											$ -	$ -	
116				-											$ -	$ -	
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118				-											$ -	$ -	
119				-											$ -	$ -	
120				-											$ -	$ -	
121				-											$ -	$ -	
122				-											$ -	$ -	
123				-											$ -	$ -	
124				-											$ -	$ -	
125				-											$ -	$ -	
126				-											$ -	$ -	
127				-											$ -	$ -	
					$ 11,862,026	$ 11,776,203	$ 4,445,576	$ 19,253,576	$ 14,595,999	$ 25,610,642	$ 10,738,658	$ 13,468,423	$ 9,217,671	$ 23,566,452			

H. In-State Medicaid and All Uninsured Inpatient and Outpatient Hospital Data:

Cost Report Year (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

	Totals / Payments	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		%
128	**Total Charges *(includes organ acquisition from Section J)***	$ 14,281,640	$ 11,776,203	$ 5,674,931	$ 19,253,576	$ 17,228,738	$ 25,610,642	$ 12,812,855	$ 13,468,423	$ 10,769,380 (Agrees to Exhibit A)	$ 23,566,452 (Agrees to Exhibit A)	$ 49,998,163	$ 70,108,844	39.69%
129	Total Charges per PS&R or Exhibit Detail	$ 14,281,640	$ 11,776,203	$ 5,674,931	$ 19,253,576	$ 17,228,738	$ 25,610,642	$ 12,812,855	$ 13,468,423	$ 10,769,380	$ 23,566,452			
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-	-	-			
131	**Total Calculated Cost (includes organ acquisition from Section J)**	$ 6,466,355	$ 2,354,174	$ 3,000,015	$ 4,325,828	$ 6,073,626	$ 5,072,511	$ 5,378,003	$ 2,786,835	$ 4,225,614	$ 4,465,544	$ 20,917,999	$ 14,539,348	42.66%
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)	$ 3,839,141	$ 2,397,634			$ 245,676	$ 4,018,007	$ 93,927	$ 166,775			$ 4,178,744	$ 6,582,416	
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			$ 698,059	$ 3,536,916			$ -	$ 881			$ 698,059	$ 3,537,797	
134	Private Insurance (including primary and third party liability)							$ 92,450	$ 267,354			$ 92,450	$ 267,354	
135	Self-Pay (including Co-Pay and Spend-Down)			$ 16	$ 2,535	$ 213	$ 6,277	$ 418	$ 1,184			$ 647	$ 9,996	
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	$ 3,839,141	$ 2,397,634	$ 698,075	$ 3,539,451									
137	Medicaid Cost Settlement Payments (See Note B)											$ -	$ -	
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)											$ -	$ -	
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)					$ 4,666,396	$ 397,717					$ 4,666,396	$ 397,717	
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)							$ 2,943,291	$ 2,002,962			$ 2,943,291	$ 2,002,962	
141	Medicare Cross-Over Bad Debt Payments											$ -	$ -	
142	Other Medicare Cross-Over Payments (See Note D)									(Agrees to Exhibit B and B-1)	(Agrees to Exhibit B and B-1)	$ -	$ -	
143	Payment from Hospital Uninsured During Cost Report Year (Cash Basis)									$ 122,284	$ 1,146,822			
144	Section 1011 Payment Related to Inpatient Hospital Services NOT Included in Exhibits B & B-1 (from Section E)									$ -	$ -			
145	**Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)**	$ 2,627,214	$ (43,460)	$ 2,301,940	$ 786,377	$ 1,161,341	$ 650,510	$ 2,247,917	$ 347,679	$ 4,103,330	$ 3,318,722	$ 8,338,412	$ 1,741,106	
146	**Calculated Payments as a Percentage of Cost**	59%	102%	23%	82%	81%	87%	58%	88%	3%	26%	60%	88%	
147	**Total Medicare Days from W/S S-3 of the Cost Report Excluding Swing-Bed (C/R, W/S S-3, Pt. I, Col. 6, Sum of Lns. 2, 3, 4, 14, 16, 17, 18 less lines 5 & 6)**					12,449								
148	**Percent of cross-over days to total Medicare days from the cost report**					19%								

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. UPL 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. Out-of-State Medicaid Data:

Cost Report Year (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

Line #	Cost Center Description	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	
				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**	
1	03000 ADULTS & PEDIATRICS	$ 1,110.54		-		5				8		13	
2	03100 INTENSIVE CARE UNIT	$ 1,707.89		-								-	
3	03200 CORONARY CARE UNIT	$ -										-	
4	03300 BURN INTENSIVE CARE UNIT	$ -										-	
5	03400 SURGICAL INTENSIVE CARE UNIT	$ -										-	
6	03500 OTHER SPECIAL CARE UNIT	$ -										-	
7	04000 SUBPROVIDER I	$ -										-	
8	04100 SUBPROVIDER II	$ -										-	
9	04200 OTHER SUBPROVIDER	$ -										-	
10	04300 NURSERY	$ 627.59		-								-	
11		$ -										-	
12		$ -										-	
13		$ -										-	
14		$ -										-	
15		$ -										-	
16		$ -										-	
17		$ -										-	
18			**Total Days**	-		5		-		8		13	
19	Total Days per PS&R or Exhibit Detail			-		5		-		8			
20	Unreconciled Days (Explain Variance)			-		-		-		-			
				Routine Charges		**Routine Charges**		**Routine Charges**		**Routine Charges**		**Routine Charges**	
21	Routine Charges					$ 9,166				$ 5,552		$ 14,718	
21.01	Calculated Routine Charge Per Diem			$ -		$ 1,833.20		$ -		$ 694.00		$ 1,132.15	
	Ancillary Cost Centers (from W/S C) (list below):			**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)		0.509711	-	-	-	31,968			-	374	$ -	$ 32,342
23	5000 OPERATING ROOM		0.212674	-	-	-	-			6,234	-	$ 6,234	$ -
24	5100 RECOVERY ROOM		0.300273	-	-	-	-			834	-	$ 834	$ -
25	5200 DELIVERY ROOM & LABOR ROOM		1.082347	-	-	-	-			-	-	$ -	$ -
26	5300 ANESTHESIOLOGY		0.630956	-	-	-	-			1,285	-	$ 1,285	$ -
27	5400 RADIOLOGY-DIAGNOSTIC		0.343849	-	-	2,058	5,435			2,210	1,462	$ 4,268	$ 6,897
28	5401 NUCLEAR MEDICINE-DIAG		0.096468	-	-	4,512	-			-	-	$ 4,512	$ -
29	5700 CT SCAN		0.030951	-	604	5,280	30,523			-	7,755	$ 5,280	$ 38,882
30	6000 LABORATORY		0.100457	-	2,046	9,025	19,455			4,925	5,122	$ 13,950	$ 26,623
31	6500 RESPIRATORY THERAPY		0.190703	-	-	2,658	5,050			1,264	122	$ 3,922	$ 5,172
32	6600 PHYSICAL THERAPY		0.510889	-	-	-	309			1,266	-	$ 1,266	$ 309
33	6900 ELECTROCARDIOLOGY		0.093632	-	-	1,655	12,104			245	245	$ 1,900	$ 12,349
34	7100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.684536	-	383	6,017	2,487			2,467	-	$ 8,484	$ 2,870
35	7200 IMPL. DEV. CHARGED TO PATIENTS		0.197407	-	-	-				7,089	-	$ 7,089	$ -
36	7300 DRUGS CHARGED TO PATIENTS		0.165430	-	1,817	6,361	17,369			2,535	3,435	$ 8,896	$ 22,621
37	7400 RENAL DIALYSIS		0.149944	-	-	-	-			-	-	$ -	$ -
38	9000 CLINIC		0.320357	-	-	-	-			-	-	$ -	$ -
39	9001 URGENT CARE		-	-	-	-	-			-	-	$ -	$ -
40	9002 CLINIC		-	-	-	-	-			-	-	$ -	$ -
41	9100 EMERGENCY		0.293145	-	1,792	1,852	25,332			1,116	3,490	$ 2,968	$ 30,614
42			-									$ -	$ -
43			-									$ -	$ -
44			-									$ -	$ -
45			-									$ -	$ -
46			-									$ -	$ -
47			-									$ -	$ -
48			-									$ -	$ -

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

				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	
49			-									$ -	$ -
50			-									$ -	$ -
51			-									$ -	$ -
52			-									$ -	$ -
53			-									$ -	$ -
54			-									$ -	$ -
55			-									$ -	$ -
56			-									$ -	$ -
57			-									$ -	$ -
58			-									$ -	$ -
59			-									$ -	$ -
60			-									$ -	$ -
61			-									$ -	$ -
62			-									$ -	$ -
63			-									$ -	$ -
64			-									$ -	$ -
65			-									$ -	$ -
66			-									$ -	$ -
67			-									$ -	$ -
68			-									$ -	$ -
69			-									$ -	$ -
70			-									$ -	$ -
71			-									$ -	$ -
72			-									$ -	$ -
73			-									$ -	$ -
74			-									$ -	$ -
75			-									$ -	$ -
76			-									$ -	$ -
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79			-									$ -	$ -
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105			-									$ -	$ -
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107			-									$ -	$ -
108			-									$ -	$ -
109			-									$ -	$ -
110			-									$ -	$ -
111			-									$ -	$ -

I. Out-of-State Medicaid Data:

Cost Report Year (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

				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	
112			-									$ -	$ -
113			-									$ -	$ -
114			-									$ -	$ -
115			-									$ -	$ -
116			-									$ -	$ -
117			-									$ -	$ -
118			-									$ -	$ -
119			-									$ -	$ -
120			-									$ -	$ -
121			-									$ -	$ -
122			-									$ -	$ -
123			-									$ -	$ -
124			-									$ -	$ -
125			-									$ -	$ -
126			-									$ -	$ -
127			-									$ -	$ -
				$ -	$ 6,642	$ 39,418	$ 150,032	$ -	$ -	$ 31,470	$ 22,005		

Totals / Payments

128	**Total Charges (includes organ acquisition from Section K)**	$ -	$ 6,642	$ 48,584	$ 150,032	$ -	$ -	$ 37,022	$ 22,005	$ 85,606	$ 178,679
129	Total Charges per PS&R or Exhibit Detail	$ -	$ 6,642	$ 48,584	$ 150,032	$ -	$ -	$ 37,022	$ 22,005		
130	Unreconciled Charges (Explain Variance)	-	-	-	-	-	-	-	-		
131	**Total Calculated Cost (includes organ acquisition from Section K)**	$ -	$ 1,312	$ 14,142	$ 35,318	$ -	$ -	$ 17,271	$ 3,085	$ 31,413	$ 39,715
132	Total Medicaid Paid Amount (excludes TPL, Co-Pay and Spend-Down)		$ 593							$ -	$ 593
133	Total Medicaid Managed Care Paid Amount (excludes TPL, Co-Pay and Spend-Down) (See Note E)			$ 471	$ 12,269					$ 471	$ 12,269
134	Private Insurance (including primary and third party liability)									$ -	$ -
135	Self-Pay (including Co-Pay and Spend-Down)									$ -	$ -
136	Total Allowed Amount from Medicaid PS&R or RA Detail (All Payments)	$ -	$ 593	$ 471	$ 12,269						
137	Medicaid Cost Settlement Payments (See Note B)									$ -	$ -
138	Other Medicaid Payments Reported on Cost Report Year (See Note C)									$ -	$ -
139	Medicare Traditional (non-HMO) Paid Amount (excludes coinsurance/deductibles)									$ -	$ -
140	Medicare Managed Care (HMO) Paid Amount (excludes coinsurance/deductibles)									$ -	$ -
141	Medicare Cross-Over Bad Debt Payments									$ -	$ -
142	Other Medicare Cross-Over Payments (See Note D)									$ -	$ -
143	**Calculated Payment Shortfall / (Longfall) (PRIOR TO SUPPLEMENTAL PAYMENTS AND DSH)**	$ -	$ 719	$ 13,671	$ 23,049	$ -	$ -	$ 17,271	$ 3,085	$ 30,942	$ 26,853
144	**Calculated Payments as a Percentage of Cost**	0%	45%	3%	35%	0%	0%	0%	0%	1%	32%

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. UPL 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.

J. Transplant Facilities Only: Organ Acquisition Cost In-State Medicaid and Uninsured

Cost Report Year (10/01/2018-09/30/2019) COLQUITT 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-Overs (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*
	Organ Acquisition Cost Centers (list below):																
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		**Totals**	$ -	$ -	$ -	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-
10		**Total Cost**							-		-		-		-		-

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 H 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.

K. Transplant Facilities Only: Organ Acquisition Cost Out-of-State Medicaid

Cost Report Year (10/01/2018-09/30/2019) COLQUITT 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-Overs (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)*
	Organ Acquisition Cost Centers (list below):														
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		**Totals**	$ -	$ -	$ -	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-
20		**Total Cost**							-		-		-		-

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 (10/01/2018-09/30/2019) COLQUITT REGIONAL MEDICAL CENTER

Worksheet A Provider Tax Assessment Reconciliation:

			Dollar Amount	W/S A Cost Center Line	
1	Hospital Gross Provider Tax Assessment (from general ledger)*				
1a	*Working Trial Balance Account Type and Account # that includes Gross Provider Tax Assessment*				*(WTB Account #)*
2	Hospital Gross Provider Tax Assessment Included in Expense on the Cost Report (W/S A, Col. 2)				*(Where is the cost included on w/s A?)*
3	Difference (Explain Here --------->)		$ -		
	Provider Tax Assessment Reclassifications (from w/s A-6 of the Medicare cost report)				
4	*Reclassification Code*				*(Reclassified to / (from))*
5	*Reclassification Code*				*(Reclassified to / (from))*
6	*Reclassification Code*				*(Reclassified to / (from))*
7	*Reclassification Code*				*(Reclassified to / (from))*
	DSH UCC ALLOWABLE - Provider Tax Assessment Adjustments (from w/s A-8 of the Medicare cost report)				
8	*Reason for adjustment*				*(Adjusted to / (from))*
9	*Reason for adjustment*				*(Adjusted to / (from))*
10	*Reason for adjustment*				*(Adjusted to / (from))*
11	*Reason for adjustment*				*(Adjusted to / (from))*
	DSH UCC NON-ALLOWABLE Provider Tax Assessment Adjustments (from w/s A-8 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		$ -		

DSH UCC Provider Tax Assessment Adjustment:

17	Gross Allowable Assessment Not Included in the Cost Report		$ -
	Apportionment of Provider Tax Assessment Adjustment to Medicaid & Uninsured:		
18	Medicaid Hospital	**Charges Sec. G**	120,371,292
19	Uninsured Hospital	**Charges Sec. G**	34,335,832
20	Total Hospital	**Charges Sec. G**	389,787,896
21	Percentage of Provider Tax Assessment Adjustment to include in DSH Medicaid UCC		30.88%
22	Percentage of Provider Tax Assessment Adjustment to include in DSH Uninsured UCC		8.81%
23	Medicaid Provider Tax Assessment Adjustment to DSH UCC		$ -
24	Uninsured Provider Tax Assessment Adjustment to DSH UCC		$ -
25	Provider Tax Assessment Adjustment to DSH UCC		**$** -

** 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.*

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 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/30/2021 12:48 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 4/30/2021 Time: 12:48 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

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 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) SHAMB PUROHIT
Officer or Administrator of Provider(s)

VP OF FINANCE
Title

(Dated when report is electronically signed.)
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-451,155	-429,623	0	2,548,430	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	-312	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		38,044		0	10.00
200.00	Total	0	-451,467	-391,579	0	2,548,430	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 10/01/2019 To 09/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 4/30/2021 12:48 pm

	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	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	COLQUITT REGIONAL MEDICAL CENTER SWB	11U105	99911		04/16/2013	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	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	15.00
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)	10/01/2019	09/30/2020	20.00
21.00	Type of Control (see instructions)	9		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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.	2,530	644	0	0	1,467	146	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	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.	10/01/2019	09/30/2020	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.	Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/30/2021 12:48 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	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 Nonprovider Site	Unweighted FTEs in Hospital	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 10/01/2019 To 09/30/2020 | Worksheet S-2 Part I Date/Time Prepared: 4/30/2021 12:48 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/30/2021 12:48 pm

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

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

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-2 Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		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:	741,484	42,682	1,805,912	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
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

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		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:	141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:		Zip Code:	143.00

		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	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	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	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00

		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	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-2 Part II | Date/Time Prepared: 4/30/2021 12:48 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	02/22/2021	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.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	01/07/2021	Y	01/07/2021	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-2 Part II Date/Time Prepared: 4/30/2021 12:48 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been 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

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		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 10/01/2019 To 09/30/2020 | Worksheet S-3 Part I Date/Time Prepared: 4/30/2021 12:48 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	96	34,344	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		96	34,344	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10	3,660	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)		106	38,004	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	12,810			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)		141				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	1,464			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

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	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)	6,417	933	18,548			1.00
2.00	HMO and other (see instructions)	5,456	2,111				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	156	0	156			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	882			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,573	933	19,586			7.00
8.00	INTENSIVE CARE UNIT	1,173	1,392	2,900			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		205	1,018			13.00
14.00	Total (see instructions)	7,746	2,530	23,504	11.23	1,053.53	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	11,777	621	13,576	0.00	12.40	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	1,274	1,737	9,967	0.00	10.94	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				11.23	1,076.87	27.00
28.00	Observation Bed Days		164	2,587			28.00
29.00	Ambulance Trips	1,612					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	146	176			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 10/01/2019 To 09/30/2020 | Worksheet S-3 Part I | Date/Time Prepared: 4/30/2021 12:48 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		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	1,511	580	4,951	1.00
2.00	HMO and other (see instructions)			1,130	646		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	1,511	580	4,951	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 10/01/2019 To 09/30/2020 | Worksheet S-3 Part II Date/Time Prepared: 4/30/2021 12:48 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	67,340,617	0	67,340,617	2,239,904.19	30.06	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	904,818	904,818	6,798.00	133.10	4.01
5.00	Physician and Non Physician-Part B		0	395,417	395,417	4,115.11	96.09	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		453,876	0	453,876	18,640.94	24.35	6.00
7.00	Interns & residents (in an approved program)	21.00	1,511,959	-864,941	647,018	23,455.00	27.59	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,817,279	-276,747	11,540,532	494,779.00	23.32	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		146,347	0	146,347	860.00	170.17	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,837,222	0	11,837,222			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,531,820	0	2,531,820			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		198,232	0	198,232			22.01
23.00	Physician Part B		86,630	0	86,630			23.00
24.00	Wage-related costs (RHC/FQHC)		99,438	0	99,438			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-3 Part II | Date/Time Prepared: 4/30/2021 12:48 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	631,494	0	631,494	16,467.99	38.35	26.00
27.00	Administrative & General	5.00	15,987,802	-6,809	15,980,993	450,190.00	35.50	27.00
28.00	Administrative & General under contract (see inst.)		271,628	0	271,628	1,501.00	180.96	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,060,978	0	1,060,978	59,530.04	17.82	30.00
31.00	Laundry & Linen Service	8.00	22,822	0	22,822	1,750.14	13.04	31.00
32.00	Housekeeping	9.00	915,009	0	915,009	67,290.38	13.60	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	898,588	-541,711	356,877	23,841.00	14.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	541,711	541,711	36,188.00	14.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	619,755	390,790	1,010,545	19,730.00	51.22	38.00
39.00	Central Services and Supply	14.00	674,623	-216,500	458,123	23,936.00	19.14	39.00
40.00	Pharmacy	15.00	1,297,701	0	1,297,701	36,251.51	35.80	40.00
41.00	Medical Records & Medical Records Library	16.00	298,493	0	298,493	17,057.41	17.50	41.00
42.00	Social Service	17.00	107,545	0	107,545	6,908.66	15.57	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-3 Part III Date/Time Prepared: 4/30/2021 12:48 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		65,646,410	-435,294	65,211,116	2,188,396.14	29.80	1.00
2.00	Excluded area salaries (see instructions)		11,817,279	-276,747	11,540,532	494,779.00	23.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)		53,829,131	-158,547	53,670,584	1,693,617.14	31.69	3.00
4.00	Subtotal other wages & related costs (see inst.)		146,347	0	146,347	860.00	170.17	4.00
5.00	Subtotal wage-related costs (see inst.)		11,837,222	0	11,837,222	0.00	22.06	5.00
6.00	Total (sum of lines 3 thru 5)		65,812,700	-158,547	65,654,153	1,694,477.14	38.75	6.00
7.00	Total overhead cost (see instructions)		22,786,438	167,481	22,953,919	760,642.13	30.18	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-3 Part IV Date/Time Prepared: 4/30/2021 12:48 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,796,896	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)	6,387,624	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)	72,026	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)	61,128	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	477,695	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	4,465,590	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	318,073	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	92,709	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,753,341	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 10/01/2019 To 09/30/2020 | Worksheet S-3 Part V | Date/Time Prepared: 4/30/2021 12:48 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	14,753,341	1.00
2.00	Hospital	0	12,035,453	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	155,849	13.00
14.00	Hospital-Based Health Clinic RHC	0	186,068	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	2,375,971	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-5 | Date/Time Prepared: 4/30/2021 12:48 pm

		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	69	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			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	3		11.00
12.00	Number of patients transplanted during the cost reporting period	1		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	246,210	0	32,860,000	0	22.00
22.01		PROCRIT	205,982	0	27,500,000	0	22.01
22.02		RETACRIT	74,878	0	21,640,000	0	22.02

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet S-5 Date/Time Prepared: 4/30/2021 12:48 pm

		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

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN: 11-0105 | Component CCN: 11-3422 | Period: From 10/01/2019 To 09/30/2020 | Worksheet S-8 | Date/Time Prepared: 4/30/2021 12:48 pm

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	11.00

				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	Provider CCN: 11-0105 Component CCN: 11-3422	Period: From 10/01/2019 To 09/30/2020	Worksheet S-8 Date/Time Prepared: 4/30/2021 12:48 pm
		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	
	Facility hours of operations (1)						
11.00	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		
	Facility hours of operations (1)						
11.00	CLINIC	08:30	13:00				11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
4/30/2021 12:48 pm

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	11,763	621	1,178	13,562	11.00
12.00	Hospice Inpatient Respite Care	14	0	0	14	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	11,777	621	1,178	13,576	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 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/30/2021 12:48 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.278823	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	10,880,489	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	4,086,273	5.00
6.00	Medicaid charges	48,114,922	6.00
7.00	Medicaid cost (line 1 times line 6)	13,415,547	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	180,317	9.00
10.00	Stand-alone CHIP charges	876,646	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	244,429	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	64,112	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	64,112	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,889,185	2,230,548	14,119,733	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,314,978	2,230,548	5,545,526	21.00
22.00	Payments received from patients for amounts previously written off as charity care	21,122	0	21,122	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,293,856	2,230,548	5,524,404	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)	33,739,100	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	902,623	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,388,650	27.01
28.00	Non-Medicare bad debt expense (see instructions)	32,350,450	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	9,506,077	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	15,030,481	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	15,094,593	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		4,466,015	4,466,015	1,755,500	6,221,515	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,481,018	5,481,018	1,637,708	7,118,726	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	631,494	8,385,860	9,017,354	975,228	9,992,582	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,987,802	20,060,512	36,048,314	-947,415	35,100,899	5.00
7.00	00700	OPERATION OF PLANT	1,060,978	4,234,594	5,295,572	-56,769	5,238,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,822	606,625	629,447	0	629,447	8.00
9.00	00900	HOUSEKEEPING	915,009	349,696	1,264,705	-34,964	1,229,741	9.00
10.00	01000	DIETARY	898,588	607,871	1,506,459	-908,891	597,568	10.00
11.00	01100	CAFETERIA	0	0	0	908,164	908,164	11.00
13.00	01300	NURSING ADMINISTRATION	619,755	156,210	775,965	390,790	1,166,755	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	674,623	78,844	753,467	-247,605	505,862	14.00
15.00	01500	PHARMACY	1,297,701	6,467,784	7,765,485	-245,390	7,520,095	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	298,493	161,707	460,200	-5,647	454,553	16.00
17.00	01700	SOCIAL SERVICE	107,545	11,003	118,548	0	118,548	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,511,959	0	1,511,959	-864,941	647,018	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	650,598	650,598	904,818	1,555,416	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,052,627	2,875,588	13,928,215	-848,218	13,079,997	30.00
31.00	03100	INTENSIVE CARE UNIT	1,989,215	187,129	2,176,344	110	2,176,454	31.00
43.00	04300	NURSERY	0	3,651	3,651	341,686	345,337	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,022,168	2,601,997	4,624,165	-1,934,771	2,689,394	50.00
51.00	05100	RECOVERY ROOM	361,984	30,272	392,256	0	392,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,302	1,302	491,965	493,267	52.00
53.00	05300	ANESTHESIOLOGY	1,747,757	1,648,486	3,396,243	19,846	3,416,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,565,646	986,573	3,552,219	-420,255	3,131,964	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	172,708	218,394	391,102	0	391,102	54.01
57.00	05700	CT SCAN	644,390	227,904	872,294	0	872,294	57.00
60.00	06000	LABORATORY	1,948,859	2,603,580	4,552,439	-41,414	4,511,025	60.00
65.00	06500	RESPIRATORY THERAPY	913,704	152,371	1,066,075	-36,605	1,029,470	65.00
66.00	06600	PHYSICAL THERAPY	1,632,188	356,202	1,988,390	-38,358	1,950,032	66.00
69.00	06900	ELECTROCARDIOLOGY	857,241	1,057,997	1,915,238	-472,962	1,442,276	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,671,418	10,671,418	0	10,671,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,232,792	2,232,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,436,225	4,436,225	-527,069	3,909,156	73.00
74.00	07400	RENAL DIALYSIS	924,299	411,860	1,336,159	525,771	1,861,930	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	490,164	870,494	1,360,658	373,642	1,734,300	88.00
90.00	09000	CLINIC	711,022	1,481,801	2,192,823	-28,035	2,164,788	90.00
90.01	09001	URGENT CARE	0	5,353	5,353	-2,839	2,514	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	660,363	283,191	943,554	-284,605	658,949	90.02
91.00	09100	EMERGENCY	2,802,234	1,103,089	3,905,323	221	3,905,544	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,370,286	249,543	1,619,829	-48,217	1,571,612	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,550,167	1,550,167	-1,550,167	0	113.00
116.00	11600	HOSPICE	711,364	417,379	1,128,743	-119,174	1,009,569	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,604,988	86,150,303	143,755,291	893,930	144,649,221	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88,934	50,065	138,999	-189	138,810	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,764,569	18,500,083	24,264,652	-504,929	23,759,723	192.00
194.00	07950	CRH	410,113	436,953	847,066	-847,066	0	194.00
194.01	07951	HOME HEALTH	1,244,039	350,878	1,594,917	4,268	1,599,185	194.01
194.02	07952	COMM CARE	348,435	90,736	439,171	0	439,171	194.02
194.03	07953	FOUNDATION	150,873	81,833	232,706	0	232,706	194.03
194.04	07954	TRANSPORT	248,196	133,393	381,589	0	381,589	194.04
194.05	07955	PRIVATE DUTY NURSING	360,317	69,578	429,895	-3,318	426,577	194.05
194.06	07956	PUBLIC RELATIONS	0	0	0	553,950	553,950	194.06
194.07	07957	KIRK CLINIC	920,805	2,024,113	2,944,918	-121,139	2,823,779	194.07
194.08	07958	NORMAN PARK FM CLINIC	199,348	158,984	358,332	24,493	382,825	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	529	529	0	529	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	67,340,617	108,047,448	175,388,065	0	175,388,065	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A | Date/Time Prepared: 4/30/2021 12:48 pm

		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	-283,677	5,937,838		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-52,400	7,066,326		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-126,627	9,865,955		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,920,946	29,179,953		5.00
7.00	00700	OPERATION OF PLANT	-27,717	5,211,086		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	629,447		8.00
9.00	00900	HOUSEKEEPING	0	1,229,741		9.00
10.00	01000	DIETARY	0	597,568		10.00
11.00	01100	CAFETERIA	-585,371	322,793		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,166,755		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	505,862		14.00
15.00	01500	PHARMACY	0	7,520,095		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,636	450,917		16.00
17.00	01700	SOCIAL SERVICE	0	118,548		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	647,018		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-220,062	1,335,354		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,735,369	11,344,628		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,176,454		31.00
43.00	04300	NURSERY	0	345,337		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,689,394		50.00
51.00	05100	RECOVERY ROOM	0	392,256		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	493,267		52.00
53.00	05300	ANESTHESIOLOGY	-1,311,572	2,104,517		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,131,964		54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	391,102		54.01
57.00	05700	CT SCAN	0	872,294		57.00
60.00	06000	LABORATORY	0	4,511,025		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,029,470		65.00
66.00	06600	PHYSICAL THERAPY	-50,382	1,899,650		66.00
69.00	06900	ELECTROCARDIOLOGY	-150,024	1,292,252		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,671,418		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,232,792		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-840,990	3,068,166		73.00
74.00	07400	RENAL DIALYSIS	0	1,861,930		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	1,734,300		88.00
90.00	09000	CLINIC	-1,096,457	1,068,331		90.00
90.01	09001	URGENT CARE	0	2,514		90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	658,949		90.02
91.00	09100	EMERGENCY	-736,625	3,168,919		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	1,571,612		95.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	0	1,009,569		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,141,855	131,507,366		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	138,810		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-565	23,759,158		192.00
194.00	07950	CRH	0	0		194.00
194.01	07951	HOME HEALTH	0	1,599,185		194.01
194.02	07952	COMM CARE	0	439,171		194.02
194.03	07953	FOUNDATION	0	232,706		194.03
194.04	07954	TRANSPORT	0	381,589		194.04
194.05	07955	PRIVATE DUTY NURSING	0	426,577		194.05
194.06	07956	PUBLIC RELATIONS	0	553,950		194.06
194.07	07957	KIRK CLINIC	0	2,823,779		194.07
194.08	07958	NORMAN PARK FM CLINIC	0	382,825		194.08
194.09	07959	DOERUN FAM MED CLINIC	0	529		194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,142,420	162,245,645		200.00

RECLASSIFICATIONS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-6 | Date/Time Prepared: 4/30/2021 12:48 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAFETERIA				
1.00	CAFETERIA	11.00	541,711	366,453	1.00
	0		541,711	366,453	
	B - RENTAL EXPENSE				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,202,860	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
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	0		0	1,202,860	
	C - INTEREST EXPENSE				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,456,753	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	93,414	2.00
	0		0	1,550,167	
	D - CENTRAL STERILE				
1.00	ADMINISTRATIVE & GENERAL	5.00	8,374	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	4,399	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	110	0	3.00
4.00	NURSERY	43.00	59	0	4.00
5.00	OPERATING ROOM	50.00	170,488	0	5.00
6.00	ANESTHESIOLOGY	53.00	21,461	0	6.00
7.00	RESPIRATORY THERAPY	65.00	8	0	7.00
8.00	PHYSICAL THERAPY	66.00	127	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	391	0	9.00
10.00	CLINIC	90.00	10,531	0	10.00
11.00	EMERGENCY	91.00	221	0	11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	331	0	12.00
	0		216,500	0	
	E - CLINIC				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	28,467	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,726	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	354,418	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	14,696	21,426	4.00
5.00	RURAL HEALTH CLINIC	88.00	395,417	22,916	5.00
	0		410,113	436,953	
	F - NURSING ADMIN				
1.00	NURSING ADMINISTRATION	13.00	390,790	0	1.00
	0		390,790	0	
	G - LABOR AND DELIVERY AND NURSERY				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	426,262	65,703	1.00
2.00	NURSERY	43.00	296,215	45,658	2.00
	0		722,477	111,361	
	I - PUBLIC RELATIONS				
1.00	PUBLIC RELATIONS	194.06	128,767	425,183	1.00
	0		128,767	425,183	
	J - EPOITIN				
1.00	RENAL DIALYSIS	74.00	0	527,069	1.00
	0		0	527,069	
	K - PROPERTY INSURANCE				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00		270,280	1.00

RECLASSIFICATIONS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-6 | Date/Time Prepared: 4/30/2021 12:48 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		331,708		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	601,988		
	L - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,232,792		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	2,232,792		
	M - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	620,810		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
	TOTALS		0	620,810		
	N - EDUCATION AND TRAINING					
1.00	ADMINISTRATIVE & GENERAL	5.00	244,950	175,007		1.00
	0		244,950	175,007		
	O - INTERNS AND RESIDENTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	244,728	0		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	904,818	0		2.00
	0		1,149,546	0		
	P - SPEECH THERAPY					
1.00	HOME HEALTH	194.01	4,268	0		1.00
	0		4,268	0		
	Q - RHC PHYSICIANS					
1.00	NORMAN PARK FM CLINIC	194.08	0	36,617		1.00
	TOTALS		0	36,617		
500.00	Grand Total: Increases		3,809,122	8,287,260		500.00

RECLASSIFICATIONS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-6 | Date/Time Prepared: 4/30/2021 12:48 pm

		Decreases					
	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	541,711	366,453	0		1.00
	0		541,711	366,453			
	B - RENTAL EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	170,757	10		1.00
2.00	OPERATION OF PLANT	7.00	0	50,042	0		2.00
3.00	HOUSEKEEPING	9.00	0	34,964	0		3.00
4.00	DIETARY	10.00	0	727	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	30,189	0		5.00
6.00	PHARMACY	15.00	0	245,390	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,647	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	18,779	0		8.00
9.00	NURSERY	43.00	0	246	0		9.00
10.00	OPERATING ROOM	50.00	0	348,385	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	1,615	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	298	0		12.00
13.00	LABORATORY	60.00	0	35,736	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	36,613	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	33,346	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	1,695	0		16.00
17.00	RENAL DIALYSIS	74.00	0	1,298	0		17.00
18.00	RURAL HEALTH CLINIC	88.00	0	41,221	0		18.00
19.00	CLINIC	90.00	0	23,231	0		19.00
20.00	HOSPICE	116.00	0	119,174	0		20.00
21.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	189	0		21.00
22.00	PRIVATE DUTY NURSING	194.05	0	3,318	0		22.00
	0		0	1,202,860			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,550,167	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	1,550,167			
	D - CENTRAL STERILE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	216,500	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		216,500	0			
	E - CLINIC						
1.00	CRH	194.00	410,113	436,953	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		410,113	436,953			
	F - NURSING ADMIN						
1.00	ADMINISTRATIVE & GENERAL	5.00	390,790	0	0		1.00
	0		390,790	0			
	G - LABOR AND DELIVERY AND NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	722,477	111,361	0		1.00
2.00		0.00	0	0	0		2.00
	0		722,477	111,361			
	I - PUBLIC RELATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	128,767	425,183	0		1.00
	0		128,767	425,183			
	J - EPOITIN						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	527,069	0		1.00
	0		0	527,069			
	K - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00		541,099	12		1.00
2.00	OPERATION OF PLANT	7.00		6,727	12		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		916	0		3.00
4.00	LABORATORY	60.00		688	0		4.00
5.00	PHYSICAL THERAPY	66.00		871	0		5.00
6.00	RURAL HEALTH CLINIC	88.00		3,470	0		6.00
7.00	AMBULANCE SERVICES	95.00		48,217	0		7.00

RECLASSIFICATIONS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-6 | Date/Time Prepared: 4/30/2021 12:48 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	601,988			
	L - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	1,756,874	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	471,658	0		2.00
3.00	CLINIC	90.00	0	4,260	0		3.00
	0		0	2,232,792			
	M - EMPLOYEE BENEFITS						
1.00	LABORATORY	60.00	0	4,990	0		1.00
2.00	CLINIC	90.00	0	11,075	0		2.00
3.00	URGENT CARE	90.01	0	2,839	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	505,260	0		4.00
5.00	KIRK CLINIC	194.07	0	84,522	0		5.00
6.00	NORMAN PARK FM CLINIC	194.08	0	12,124	0		6.00
	TOTALS		0	620,810			
	N - EDUCATION AND TRAINING						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	244,950	175,007	0		1.00
	0		244,950	175,007			
	O - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	864,941	0	0		1.00
2.00	FAMILY RESIDENCY CLINIC	90.02	284,605	0	0		2.00
	0		1,149,546	0			
	P - SPEECH THERAPY						
1.00	PHYSICAL THERAPY	66.00	4,268	0	0		1.00
	0		4,268	0			
	Q - RHC PHYSICIANS						
1.00	KIRK CLINIC	194.07	0	36,617	0		1.00
	TOTALS		0	36,617			
500.00	Grand Total: Decreases		3,809,122	8,287,260			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-7 Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,432,529	91,911	0	91,911	0	1.00
2.00	Land Improvements	3,475,157	103,327	0	103,327	0	2.00
3.00	Buildings and Fixtures	91,115,783	10,256,491	0	10,256,491	6,951	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	19,177,749	671,026	0	671,026	0	5.00
6.00	Movable Equipment	89,421,813	338,190	0	338,190	296,022	6.00
7.00	HIT designated Assets	88,874	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	204,711,905	11,460,945	0	11,460,945	302,973	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	204,711,905	11,460,945	0	11,460,945	302,973	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,524,440	0	1.00
2.00	Land Improvements	3,578,484	0	2.00
3.00	Buildings and Fixtures	101,365,323	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	19,848,775	0	5.00
6.00	Movable Equipment	89,463,981	0	6.00
7.00	HIT designated Assets	88,874	0	7.00
8.00	Subtotal (sum of lines 1-7)	215,869,877	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	215,869,877	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-7 Part II | Date/Time Prepared: 4/30/2021 12:48 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,466,015	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,481,018	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,947,033	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	4,466,015		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,481,018		2.00
3.00	Total (sum of lines 1-2)	0	9,947,033		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-7 Part III Date/Time Prepared: 4/30/2021 12:48 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	126,317,022	0	126,317,022	0.585154	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	89,552,855	0	89,552,855	0.414846	0	2.00
3.00	Total (sum of lines 1-2)	215,869,877	0	215,869,877	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	4,513,136	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,457,731	1,202,860	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,970,867	1,202,860	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,154,422	270,280	0	0	5,937,838	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	74,027	331,708	0	0	7,066,326	2.00
3.00	Total (sum of lines 1-2)	1,228,449	601,988	0	0	13,004,164	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet A-8 | Date/Time Prepared: 4/30/2021 12:48 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-302,331	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-19,387	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	-7,309	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	-54,800	ADMINISTRATIVE & GENERAL	5.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-99,856	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-27,717	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	-4,774,725			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	-585,371	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	-840,990	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,636	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 10/01/2019 To 09/30/2020 | Worksheet A-8 | Date/Time Prepared: 4/30/2021 12:48 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	-1,828	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	PHYSICIAN OFFICE BILLING COSTS	A	-174,167	ADMINISTRATIVE & GENERAL	5.00	0	33.01
34.00	SWITCHBOARD SALARIES	A	-43,116	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	PATIENT TELEPHONE DEPRECIATION	A	-15,843	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	34.01
35.00	TV DEPRECIATION	A	-17,170	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	35.00
36.00	PHYSICIAN RECRUITMENT	A	-55,165	EMPLOYEE BENEFITS DEPARTMENT	4.00	9	36.00
36.01	PHYSICIAN RECRUITMENT	A	-677,943	ADMINISTRATIVE & GENERAL	5.00	0	36.01
36.02	PHYSICIAN RECRUITMENT	A	-50,382	PHYSICAL THERAPY	66.00	0	36.02
36.03	HOSP, ANES, ONC, AND PATH, SUBSDIDY	A	-4,844,068	ADMINISTRATIVE & GENERAL	5.00	0	36.03
37.00	AHA DUES - LOBBYING EXPENSE	A	-5,798	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	GHA DUES - LOBBYING EXPENSE	A	-12,061	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	NON RHC PHYSICIAN	A	0	RURAL 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	-505,201	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	-71,462	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01	LIFE INSURANCE PROCEEDS	A	-565	PHYSICIANS' PRIVATE OFFICES	192.00	0	44.01
45.00	HOSPICE PAYMENTS TO NF	A	-28,851	ADULTS & PEDIATRICS	30.00	0	45.00
46.00	DONATED ASSET DEPRECATION	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.)		-13,142,420				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 10/01/2019 To 09/30/2020 | Worksheet A-8-2 | Date/Time Prepared: 4/30/2021 12:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	685,439	0	685,439	179,000	4,726	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,201,317	1,201,317	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,311,572	1,311,572	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	150,024	150,024	0	0	0	4.00
5.00	90.00	CLINIC	1,096,457	1,096,457	0	0	0	5.00
6.00	91.00	EMERGENCY	736,625	736,625	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,181,434	4,495,995	685,439		4,726	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	406,709	20,335	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	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	90.00	CLINIC	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			406,709	20,335	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	406,709	278,730	278,730		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,201,317		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,311,572		3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	150,024		4.00
5.00	90.00	CLINIC	0	0	0	1,096,457		5.00
6.00	91.00	EMERGENCY	0	0	0	736,625		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	406,709	278,730	4,774,725		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part I Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,937,838	5,937,838				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	7,066,326		7,066,326			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,865,955	20,089	28,680	9,914,724		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,179,953	479,295	684,251	2,375,205	32,718,704	5.00
7.00	00700	OPERATION OF PLANT	5,211,086	970,808	1,385,940	157,689	7,725,523	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	629,447	10,787	15,400	3,392	659,026	8.00
9.00	00900	HOUSEKEEPING	1,229,741	54,579	77,918	135,994	1,498,232	9.00
10.00	01000	DIETARY	597,568	86,618	123,657	53,041	860,884	10.00
11.00	01100	CAFETERIA	322,793	4,275	6,104	80,512	413,684	11.00
13.00	01300	NURSING ADMINISTRATION	1,166,755	15,492	22,116	150,193	1,354,556	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	505,862	138,334	197,489	68,089	909,774	14.00
15.00	01500	PHARMACY	7,520,095	45,903	65,532	192,872	7,824,402	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	450,917	33,613	47,987	44,364	576,881	16.00
17.00	01700	SOCIAL SERVICE	118,548	7,138	10,190	15,984	151,860	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	647,018	0	0	130,644	777,662	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,335,354	48,783	69,643	99,999	1,553,779	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,344,628	760,436	1,085,612	1,486,044	14,676,720	30.00
31.00	03100	INTENSIVE CARE UNIT	2,176,454	165,883	236,818	295,665	2,874,820	31.00
43.00	04300	NURSERY	345,337	30,858	44,054	44,034	464,283	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,689,394	367,758	525,019	325,886	3,908,057	50.00
51.00	05100	RECOVERY ROOM	392,256	20,053	28,629	103,739	544,677	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	493,267	40,822	58,279	63,354	655,722	52.00
53.00	05300	ANESTHESIOLOGY	2,104,517	16,762	23,929	262,952	2,408,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,131,964	191,858	273,899	344,916	3,942,637	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	391,102	21,073	30,084	25,669	467,928	54.01
57.00	05700	CT SCAN	872,294	15,152	21,631	95,773	1,004,850	57.00
60.00	06000	LABORATORY	4,511,025	93,433	133,387	289,651	5,027,496	60.00
65.00	06500	RESPIRATORY THERAPY	1,029,470	21,556	30,774	135,801	1,217,601	65.00
66.00	06600	PHYSICAL THERAPY	1,899,650	233,199	332,919	241,970	2,707,738	66.00
69.00	06900	ELECTROCARDIOLOGY	1,292,252	121,555	173,534	127,466	1,714,807	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,671,418	0	0	0	10,671,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,232,792	0	0	0	2,232,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,068,166	3,292	4,699	0	3,076,157	73.00
74.00	07400	RENAL DIALYSIS	1,861,930	196,187	280,080	137,375	2,475,572	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,734,300	221,410	316,089	129,274	2,401,073	88.00
90.00	09000	CLINIC	1,068,331	15,814	22,576	107,242	1,213,963	90.00
90.01	09001	URGENT CARE	2,514	35,778	51,077	0	89,369	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	658,949	74,310	106,087	55,847	895,193	90.02
91.00	09100	EMERGENCY	3,168,919	212,466	303,320	416,518	4,101,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,571,612	17,048	24,338	203,660	1,816,658	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,009,569	27,316	38,997	105,727	1,181,609	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	131,507,366	4,819,733	6,880,738	8,506,541	128,795,490	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	138,810	14,150	20,201	13,218	186,379	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,759,158	854,388	0	859,161	25,472,707	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	1,599,185	0	131,855	185,531	1,916,571	194.01
194.02	07952	COMM CARE	439,171	0	0	51,787	490,958	194.02
194.03	07953	FOUNDATION	232,706	0	0	22,424	255,130	194.03
194.04	07954	TRANSPORT	381,589	0	0	36,888	418,477	194.04
194.05	07955	PRIVATE DUTY NURSING	426,577	23,488	33,532	53,552	537,149	194.05
194.06	07956	PUBLIC RELATIONS	553,950	0	0	19,138	573,088	194.06
194.07	07957	KIRK CLINIC	2,823,779	226,079	0	136,856	3,186,714	194.07
194.08	07958	NORMAN PARK FM CLINIC	382,825	0	0	29,628	412,453	194.08
194.09	07959	DOERUN FAM MED CLINIC	529	0	0	0	529	194.09
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	162,245,645	5,937,838	7,066,326	9,914,724	162,245,645	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	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	32,718,704					5.00
7.00	00700	OPERATION OF PLANT	1,951,483	9,677,006				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	166,471	29,742	855,239			8.00
9.00	00900	HOUSEKEEPING	378,456	150,486	33,273	2,060,447		9.00
10.00	01000	DIETARY	217,461	238,824	0	70,912	1,388,081	10.00
11.00	01100	CAFETERIA	104,497	11,788	0	3,500	0	11.00
13.00	01300	NURSING ADMINISTRATION	342,164	42,714	0	12,683	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	229,811	381,418	0	113,251	0	14.00
15.00	01500	PHARMACY	1,976,460	126,564	0	37,580	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	145,721	92,679	0	27,518	0	16.00
17.00	01700	SOCIAL SERVICE	38,360	19,680	0	5,843	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	196,439	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	392,488	134,505	0	39,937	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,707,369	2,096,685	313,819	622,555	1,199,678	30.00
31.00	03100	INTENSIVE CARE UNIT	726,185	457,376	54,838	135,805	177,629	31.00
43.00	04300	NURSERY	117,279	85,083	0	25,263	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	987,183	1,013,991	56,948	0	0	50.00
51.00	05100	RECOVERY ROOM	137,586	55,292	0	16,417	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	165,637	112,556	0	33,420	10,774	52.00
53.00	05300	ANESTHESIOLOGY	608,306	46,216	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	995,918	528,994	16,271	157,070	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	118,200	58,103	13,987	17,252	0	54.01
57.00	05700	CT SCAN	253,827	41,777	25,281	12,404	0	57.00
60.00	06000	LABORATORY	1,269,956	257,616	0	76,492	0	60.00
65.00	06500	RESPIRATORY THERAPY	307,568	59,435	0	17,647	0	65.00
66.00	06600	PHYSICAL THERAPY	683,980	642,980	17,938	190,915	0	66.00
69.00	06900	ELECTROCARDIOLOGY	433,164	335,153	5,059	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,695,622	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	564,008	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	777,043	9,076	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	625,334	540,930	75,459	160,614	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	606,516	610,476	14	0	0	88.00
90.00	09000	CLINIC	306,649	43,602	55,988	0	0	90.00
90.01	09001	URGENT CARE	22,575	98,647	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	226,128	204,889	439	60,836	0	90.02
91.00	09100	EMERGENCY	1,035,977	585,814	135,718	173,941	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	458,891	47,005	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	298,477	75,317	507	22,363	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,269,189	9,235,413	805,539	2,034,218	1,388,081	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,080	39,015	0	11,584	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,434,396	0	41,597	0	0	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	484,130	254,657	4	0	0	194.01
194.02	07952	COMM CARE	124,017	0	0	0	0	194.02
194.03	07953	FOUNDATION	64,446	49,323	0	14,645	0	194.03
194.04	07954	TRANSPORT	105,708	33,836	1,298	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	135,685	64,762	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	144,763	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	804,970	0	6,736	0	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	104,186	0	65	0	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	134	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)	32,718,704	9,677,006	855,239	2,060,447	1,388,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	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	533,469					11.00
13.00	01300	NURSING ADMINISTRATION	8,887	1,761,004				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,779	0	1,645,033			14.00
15.00	01500	PHARMACY	16,322	0	37,106	10,018,434		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,679	0	301	0	850,779	16.00
17.00	01700	SOCIAL SERVICE	3,109	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,509	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,107	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	131,561	1,006,564	139,332	0	63,795	30.00
31.00	03100	INTENSIVE CARE UNIT	27,532	210,641	32,018	0	13,046	31.00
43.00	04300	NURSERY	3,980	30,450	8,746	113	1,751	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,857	0	684,585	2,150	73,449	50.00
51.00	05100	RECOVERY ROOM	8,466	64,769	7,161	0	7,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,722	43,776	264	0	2,519	52.00
53.00	05300	ANESTHESIOLOGY	11,275	0	24,229	832	10,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,614	0	7,010	20,651	34,328	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	2,613	0	568	332	16,217	54.01
57.00	05700	CT SCAN	10,114	0	5,730	0	99,929	57.00
60.00	06000	LABORATORY	37,505	0	19,698	0	137,543	60.00
65.00	06500	RESPIRATORY THERAPY	12,670	0	14,473	0	23,499	65.00
66.00	06600	PHYSICAL THERAPY	17,371	0	702	1,445	18,293	66.00
69.00	06900	ELECTROCARDIOLOGY	12,595	0	54,742	3,245	64,022	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	260,002	0	56,031	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	26,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,796,502	144,844	73.00
74.00	07400	RENAL DIALYSIS	15,676	0	138,848	1,983,034	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	427	0	0	88.00
90.00	09000	CLINIC	10,741	0	14,394	21,346	0	90.00
90.01	09001	URGENT CARE	0	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	8,512	0	7,421	0	0	90.02
91.00	09100	EMERGENCY	41,298	315,962	147,307	0	51,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	27,597	0	11,205	21,880	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,612	88,842	9,981	103,318	5,383	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	519,703	1,761,004	1,626,250	9,954,848	850,779	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,053	0	1,228	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	15,824	578	0	194.01
194.02	07952	COMM CARE	0	0	520	0	0	194.02
194.03	07953	FOUNDATION	0	0	440	0	0	194.03
194.04	07954	TRANSPORT	8,222	0	771	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	2,491	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	0	0	0	63,008	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)	533,469	1,761,004	1,645,033	10,018,434	850,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			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	218,852					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	985,610				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		2,122,816			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	187,721	87,760	189,018	24,422,577	-276,778	30.00
31.00	03100	INTENSIVE CARE UNIT	29,350	27,003	58,159	4,824,402	-85,162	31.00
43.00	04300	NURSERY	0	0	0	736,948	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	87,760	189,018	7,038,998	-276,778	50.00
51.00	05100	RECOVERY ROOM	0	0	0	841,688	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,781	40,505	87,239	1,159,915	-127,744	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,109,487	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,375	7,270	5,740,138	-10,645	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0	0	695,200	0	54.01
57.00	05700	CT SCAN	0	0	0	1,453,912	0	57.00
60.00	06000	LABORATORY	0	0	0	6,826,306	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,652,893	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,281,362	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,622,787	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,683,073	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,823,697	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,803,622	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,015,467	-527,070	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	3,618,506	0	88.00
90.00	09000	CLINIC	0	77,634	167,208	1,911,525	-244,842	90.00
90.01	09001	URGENT CARE	0	0	0	210,591	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	367,916	792,421	2,563,755	-1,160,337	90.02
91.00	09100	EMERGENCY	0	30,378	65,429	6,684,491	-95,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	2,383,236	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			1,797,409	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	218,852	722,331	1,555,762	118,901,985	-2,805,163	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	288,339	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	263,279	567,054	32,779,033	-830,333	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	0	0	2,671,764	0	194.01
194.02	07952	COMM CARE	0	0	0	615,495	0	194.02
194.03	07953	FOUNDATION	0	0	0	383,984	0	194.03
194.04	07954	TRANSPORT	0	0	0	568,312	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	737,596	0	194.05
194.06	07956	PUBLIC RELATIONS	0	0	0	720,342	0	194.06
194.07	07957	KIRK CLINIC	0	0	0	4,061,428	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	0	516,704	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	663	0	194.09
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	218,852	985,610	2,122,816	162,245,645	-3,635,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part I | Date/Time Prepared: 4/30/2021 12:48 pm

		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	24,145,799		30.00
31.00	03100	INTENSIVE CARE UNIT	4,739,240		31.00
43.00	04300	NURSERY	736,948		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	6,762,220		50.00
51.00	05100	RECOVERY ROOM	841,688		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,032,171		52.00
53.00	05300	ANESTHESIOLOGY	3,109,487		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,729,493		54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	695,200		54.01
57.00	05700	CT SCAN	1,453,912		57.00
60.00	06000	LABORATORY	6,826,306		60.00
65.00	06500	RESPIRATORY THERAPY	1,652,893		65.00
66.00	06600	PHYSICAL THERAPY	4,281,362		66.00
69.00	06900	ELECTROCARDIOLOGY	2,622,787		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,683,073		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,823,697		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,803,622		73.00
74.00	07400	RENAL DIALYSIS	5,488,397		74.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	3,618,506		88.00
90.00	09000	CLINIC	1,666,683		90.00
90.01	09001	URGENT CARE	210,591		90.01
90.02	09002	FAMILY RESIDENCY CLINIC	1,403,418		90.02
91.00	09100	EMERGENCY	6,588,684		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	2,383,236		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	1,797,409		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,096,822		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	288,339		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,948,700		192.00
194.00	07950	CRH	0		194.00
194.01	07951	HOME HEALTH	2,671,764		194.01
194.02	07952	COMM CARE	615,495		194.02
194.03	07953	FOUNDATION	383,984		194.03
194.04	07954	TRANSPORT	568,312		194.04
194.05	07955	PRIVATE DUTY NURSING	737,596		194.05
194.06	07956	PUBLIC RELATIONS	720,342		194.06
194.07	07957	KIRK CLINIC	4,061,428		194.07
194.08	07958	NORMAN PARK FM CLINIC	516,704		194.08
194.09	07959	DOERUN FAM MED CLINIC	663		194.09
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	158,610,149		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part II Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	20,089	28,680	48,769	48,769	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	479,295	684,251	1,163,546	11,683	5.00
7.00	00700	OPERATION OF PLANT	0	970,808	1,385,940	2,356,748	776	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,787	15,400	26,187	17	8.00
9.00	00900	HOUSEKEEPING	0	54,579	77,918	132,497	669	9.00
10.00	01000	DIETARY	0	86,618	123,657	210,275	261	10.00
11.00	01100	CAFETERIA	0	4,275	6,104	10,379	396	11.00
13.00	01300	NURSING ADMINISTRATION	0	15,492	22,116	37,608	739	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	138,334	197,489	335,823	335	14.00
15.00	01500	PHARMACY	0	45,903	65,532	111,435	949	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,613	47,987	81,600	218	16.00
17.00	01700	SOCIAL SERVICE	0	7,138	10,190	17,328	79	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	643	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	48,783	69,643	118,426	492	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	760,436	1,085,612	1,846,048	7,309	30.00
31.00	03100	INTENSIVE CARE UNIT	0	165,883	236,818	402,701	1,454	31.00
43.00	04300	NURSERY	0	30,858	44,054	74,912	217	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	367,758	525,019	892,777	1,603	50.00
51.00	05100	RECOVERY ROOM	0	20,053	28,629	48,682	510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,822	58,279	99,101	312	52.00
53.00	05300	ANESTHESIOLOGY	0	16,762	23,929	40,691	1,293	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	191,858	273,899	465,757	1,696	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	21,073	30,084	51,157	126	54.01
57.00	05700	CT SCAN	0	15,152	21,631	36,783	471	57.00
60.00	06000	LABORATORY	0	93,433	133,387	226,820	1,425	60.00
65.00	06500	RESPIRATORY THERAPY	0	21,556	30,774	52,330	668	65.00
66.00	06600	PHYSICAL THERAPY	0	233,199	332,919	566,118	1,190	66.00
69.00	06900	ELECTROCARDIOLOGY	0	121,555	173,534	295,089	627	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	3,292	4,699	7,991	0	73.00
74.00	07400	RENAL DIALYSIS	0	196,187	280,080	476,267	676	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	221,410	316,089	537,499	636	88.00
90.00	09000	CLINIC	0	15,814	22,576	38,390	527	90.00
90.01	09001	URGENT CARE	0	35,778	51,077	86,855	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	74,310	106,087	180,397	275	90.02
91.00	09100	EMERGENCY	0	212,466	303,320	515,786	2,049	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	17,048	24,338	41,386	1,002	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	27,316	38,997	66,313	520	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,819,733	6,880,738	11,700,471	41,843	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,150	20,201	34,351	65	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	782,018	854,388	0	1,636,406	4,226	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	27,931	0	131,855	159,786	913	194.01
194.02	07952	COMM CARE	3,314	0	0	3,314	255	194.02
194.03	07953	FOUNDATION	0	0	0	0	110	194.03
194.04	07954	TRANSPORT	42,063	0	0	42,063	181	194.04
194.05	07955	PRIVATE DUTY NURSING	0	23,488	33,532	57,020	263	194.05
194.06	07956	PUBLIC RELATIONS	0	0	0	0	94	194.06
194.07	07957	KIRK CLINIC	194,923	226,079	0	421,002	673	194.07
194.08	07958	NORMAN PARK FM CLINIC	30,901	0	0	30,901	146	194.08
194.09	07959	DOERUN FAM MED CLINIC	529	0	0	529	0	194.09
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,081,679	5,937,838	7,066,326	14,085,843	48,769	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part II Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	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	1,175,229					5.00
7.00	00700	OPERATION OF PLANT	70,094	2,427,618				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,979	7,461	39,644			8.00
9.00	00900	HOUSEKEEPING	13,593	37,752	1,542	186,053		9.00
10.00	01000	DIETARY	7,811	59,912	0	6,403	284,662	10.00
11.00	01100	CAFETERIA	3,753	2,957	0	316	0	11.00
13.00	01300	NURSING ADMINISTRATION	12,290	10,715	0	1,145	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,254	95,684	0	10,226	0	14.00
15.00	01500	PHARMACY	70,991	31,750	0	3,393	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,234	23,250	0	2,485	0	16.00
17.00	01700	SOCIAL SERVICE	1,378	4,937	0	528	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,056	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	14,097	33,743	0	3,606	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	133,162	525,988	14,548	56,217	246,026	30.00
31.00	03100	INTENSIVE CARE UNIT	26,083	114,739	2,542	12,263	36,427	31.00
43.00	04300	NURSERY	4,212	21,344	0	2,281	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,458	254,374	2,640	0	0	50.00
51.00	05100	RECOVERY ROOM	4,942	13,871	0	1,482	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,949	28,236	0	3,018	2,209	52.00
53.00	05300	ANESTHESIOLOGY	21,849	11,594	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,772	132,706	754	14,183	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	4,246	14,576	648	1,558	0	54.01
57.00	05700	CT SCAN	9,117	10,480	1,172	1,120	0	57.00
60.00	06000	LABORATORY	45,614	64,627	0	6,907	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,047	14,910	0	1,594	0	65.00
66.00	06600	PHYSICAL THERAPY	24,567	161,301	831	17,239	0	66.00
69.00	06900	ELECTROCARDIOLOGY	15,558	84,078	235	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,822	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,258	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,910	2,277	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,461	135,700	3,498	14,503	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	21,785	153,147	1	0	0	88.00
90.00	09000	CLINIC	11,014	10,938	2,595	0	0	90.00
90.01	09001	URGENT CARE	811	24,747	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	8,122	51,400	20	5,493	0	90.02
91.00	09100	EMERGENCY	37,210	146,960	6,291	15,706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	16,483	11,792	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,721	18,894	24	2,019	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	871,703	2,316,840	37,341	183,685	284,662	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,691	9,787	0	1,046	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	231,146	0	1,928	0	0	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	17,389	63,884	0	0	0	194.01
194.02	07952	COMM CARE	4,454	0	0	0	0	194.02
194.03	07953	FOUNDATION	2,315	12,373	0	1,322	0	194.03
194.04	07954	TRANSPORT	3,797	8,488	60	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	4,874	16,246	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	5,200	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	28,913	0	312	0	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	3,742	0	3	0	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	5	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)	1,175,229	2,427,618	39,644	186,053	284,662	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part II | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	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	17,801					11.00
13.00	01300	NURSING ADMINISTRATION	297	62,794				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	360	0	450,682			14.00
15.00	01500	PHARMACY	545	0	10,166	229,229		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	256	0	82	0	113,125	16.00
17.00	01700	SOCIAL SERVICE	104	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	384	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	70	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,392	35,891	38,172	0	8,471	30.00
31.00	03100	INTENSIVE CARE UNIT	919	7,511	8,772	0	1,732	31.00
43.00	04300	NURSERY	133	1,086	2,396	3	232	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,196	0	187,551	49	9,753	50.00
51.00	05100	RECOVERY ROOM	282	2,310	1,962	0	972	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	191	1,561	72	0	335	52.00
53.00	05300	ANESTHESIOLOGY	376	0	6,638	19	1,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	888	0	1,921	473	4,558	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	87	0	156	8	2,153	54.01
57.00	05700	CT SCAN	337	0	1,570	0	13,269	57.00
60.00	06000	LABORATORY	1,251	0	5,397	0	18,264	60.00
65.00	06500	RESPIRATORY THERAPY	423	0	3,965	0	3,120	65.00
66.00	06600	PHYSICAL THERAPY	580	0	192	33	2,429	66.00
69.00	06900	ELECTROCARDIOLOGY	420	0	14,998	74	8,501	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71,232	0	7,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	178,389	19,389	73.00
74.00	07400	RENAL DIALYSIS	523	0	38,040	45,373	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	117	0	0	88.00
90.00	09000	CLINIC	358	0	3,943	488	0	90.00
90.01	09001	URGENT CARE	0	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	284	0	2,033	0	0	90.02
91.00	09100	EMERGENCY	1,378	11,267	40,357	0	6,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	921	0	3,070	501	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	387	3,168	2,735	2,364	715	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,342	62,794	445,537	227,774	113,125	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102	0	337	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	4,335	13	0	194.01
194.02	07952	COMM CARE	0	0	142	0	0	194.02
194.03	07953	FOUNDATION	0	0	120	0	0	194.03
194.04	07954	TRANSPORT	274	0	211	0	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0	0	0	0	0	194.05
194.06	07956	PUBLIC RELATIONS	83	0	0	0	0	194.06
194.07	07957	KIRK CLINIC	0	0	0	1,442	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)	17,801	62,794	450,682	229,229	113,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part II Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			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	24,354					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	8,083				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		170,434			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,890			2,937,114	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,266			618,409	0	31.00
43.00	04300	NURSERY	0			106,816	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			1,385,401	0	50.00
51.00	05100	RECOVERY ROOM	0			75,013	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	198			141,182	0	52.00
53.00	05300	ANESTHESIOLOGY	0			83,850	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			658,708	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0			74,715	0	54.01
57.00	05700	CT SCAN	0			74,319	0	57.00
60.00	06000	LABORATORY	0			370,305	0	60.00
65.00	06500	RESPIRATORY THERAPY	0			88,057	0	65.00
66.00	06600	PHYSICAL THERAPY	0			774,480	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0			419,580	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			175,494	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			23,829	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			235,956	0	73.00
74.00	07400	RENAL DIALYSIS	0			737,041	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0			713,185	0	88.00
90.00	09000	CLINIC	0			68,253	0	90.00
90.01	09001	URGENT CARE	0			112,413	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0			248,024	0	90.02
91.00	09100	EMERGENCY	0			783,835	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			75,155	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			107,860	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,354	0	0	11,088,994	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			47,379	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			1,873,706	0	192.00
194.00	07950	CRH	0			0	0	194.00
194.01	07951	HOME HEALTH	0			246,320	0	194.01
194.02	07952	COMM CARE	0			8,165	0	194.02
194.03	07953	FOUNDATION	0			16,240	0	194.03
194.04	07954	TRANSPORT	0			55,074	0	194.04
194.05	07955	PRIVATE DUTY NURSING	0			78,403	0	194.05
194.06	07956	PUBLIC RELATIONS	0			5,377	0	194.06
194.07	07957	KIRK CLINIC	0			452,342	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0			34,792	0	194.08
194.09	07959	DOERUN FAM MED CLINIC	0			534	0	194.09
200.00		Cross Foot Adjustments		8,083	170,434	178,517	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,354	8,083	170,434	14,085,843	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B Part II | Date/Time Prepared: 4/30/2021 12:48 pm

		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	2,937,114		30.00
31.00	03100	INTENSIVE CARE UNIT	618,409		31.00
43.00	04300	NURSERY	106,816		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,385,401		50.00
51.00	05100	RECOVERY ROOM	75,013		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	141,182		52.00
53.00	05300	ANESTHESIOLOGY	83,850		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	658,708		54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	74,715		54.01
57.00	05700	CT SCAN	74,319		57.00
60.00	06000	LABORATORY	370,305		60.00
65.00	06500	RESPIRATORY THERAPY	88,057		65.00
66.00	06600	PHYSICAL THERAPY	774,480		66.00
69.00	06900	ELECTROCARDIOLOGY	419,580		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	175,494		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,829		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,956		73.00
74.00	07400	RENAL DIALYSIS	737,041		74.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	713,185		88.00
90.00	09000	CLINIC	68,253		90.00
90.01	09001	URGENT CARE	112,413		90.01
90.02	09002	FAMILY RESIDENCY CLINIC	248,024		90.02
91.00	09100	EMERGENCY	783,835		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	75,155		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	107,860		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,088,994		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,379		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,873,706		192.00
194.00	07950	CRH	0		194.00
194.01	07951	HOME HEALTH	246,320		194.01
194.02	07952	COMM CARE	8,165		194.02
194.03	07953	FOUNDATION	16,240		194.03
194.04	07954	TRANSPORT	55,074		194.04
194.05	07955	PRIVATE DUTY NURSING	78,403		194.05
194.06	07956	PUBLIC RELATIONS	5,377		194.06
194.07	07957	KIRK CLINIC	452,342		194.07
194.08	07958	NORMAN PARK FM CLINIC	34,792		194.08
194.09	07959	DOERUN FAM MED CLINIC	534		194.09
200.00		Cross Foot Adjustments	178,517		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	14,085,843		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	331,930					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		276,694				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,123	1,123	66,709,122			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,793	26,793	15,980,993	-32,718,704	129,526,941	5.00
7.00	00700	OPERATION OF PLANT	54,269	54,269	1,060,978	0	7,725,523	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	603	603	22,822	0	659,026	8.00
9.00	00900	HOUSEKEEPING	3,051	3,051	915,009	0	1,498,232	9.00
10.00	01000	DIETARY	4,842	4,842	356,877	0	860,884	10.00
11.00	01100	CAFETERIA	239	239	541,711	0	413,684	11.00
13.00	01300	NURSING ADMINISTRATION	866	866	1,010,545	0	1,354,556	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,733	7,733	458,123	0	909,774	14.00
15.00	01500	PHARMACY	2,566	2,566	1,297,701	0	7,824,402	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,879	1,879	298,493	0	576,881	16.00
17.00	01700	SOCIAL SERVICE	399	399	107,545	0	151,860	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	879,015	0	777,662	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,727	2,727	672,820	0	1,553,779	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,509	42,509	9,998,548	0	14,676,720	30.00
31.00	03100	INTENSIVE CARE UNIT	9,273	9,273	1,989,325	0	2,874,820	31.00
43.00	04300	NURSERY	1,725	1,725	296,274	0	464,283	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,558	20,558	2,192,656	0	3,908,057	50.00
51.00	05100	RECOVERY ROOM	1,121	1,121	697,985	0	544,677	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,282	2,282	426,262	0	655,722	52.00
53.00	05300	ANESTHESIOLOGY	937	937	1,769,218	0	2,408,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,725	10,725	2,320,696	0	3,942,637	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,178	1,178	172,708	0	467,928	54.01
57.00	05700	CT SCAN	847	847	644,390	0	1,004,850	57.00
60.00	06000	LABORATORY	5,223	5,223	1,948,859	0	5,027,496	60.00
65.00	06500	RESPIRATORY THERAPY	1,205	1,205	913,712	0	1,217,601	65.00
66.00	06600	PHYSICAL THERAPY	13,036	13,036	1,628,047	0	2,707,738	66.00
69.00	06900	ELECTROCARDIOLOGY	6,795	6,795	857,632	0	1,714,807	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,671,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,232,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184	184	0	0	3,076,157	73.00
74.00	07400	RENAL DIALYSIS	10,967	10,967	924,299	0	2,475,572	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	12,377	12,377	869,793	0	2,401,073	88.00
90.00	09000	CLINIC	884	884	721,553	0	1,213,963	90.00
90.01	09001	URGENT CARE	2,000	2,000	0	0	89,369	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	4,154	4,154	375,758	0	895,193	90.02
91.00	09100	EMERGENCY	11,877	11,877	2,802,455	0	4,101,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	953	953	1,370,286	0	1,816,658	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,527	1,527	711,364	0	1,181,609	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	269,427	269,427	57,234,452	-32,718,704	96,076,786	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	791	791	88,934	0	186,379	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,761	0	5,780,688	0	25,472,707	192.00
194.00	07950	CRH	0	0	0	0	0	194.00
194.01	07951	HOME HEALTH	0	5,163	1,248,307	0	1,916,571	194.01
194.02	07952	COMM CARE	0	0	348,435	0	490,958	194.02
194.03	07953	FOUNDATION	0	0	150,873	0	255,130	194.03
194.04	07954	TRANSPORT	0	0	248,196	0	418,477	194.04
194.05	07955	PRIVATE DUTY NURSING	1,313	1,313	360,317	0	537,149	194.05
194.06	07956	PUBLIC RELATIONS	0	0	128,767	0	573,088	194.06
194.07	07957	KIRK CLINIC	12,638	0	920,805	0	3,186,714	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	0	199,348	0	412,453	194.08
194.09	07959	DOERUN FAM MED CLINIC	0	0	0	0	529	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)	5,937,838	7,066,326	9,914,724		32,718,704	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.888826	25.538414	0.148626		0.252602	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			48,769		1,175,229	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000731		0.009073	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 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		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	
		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	196,195					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	603	898,982				8.00
9.00	00900	HOUSEKEEPING	3,051	34,975	140,691			9.00
10.00	01000	DIETARY	4,842	0	4,842	87,741		10.00
11.00	01100	CAFETERIA	239	0	239	0	56,967	11.00
13.00	01300	NURSING ADMINISTRATION	866	0	866	0	949	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,733	0	7,733	0	1,151	14.00
15.00	01500	PHARMACY	2,566	0	2,566	0	1,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,879	0	1,879	0	820	16.00
17.00	01700	SOCIAL SERVICE	399	0	399	0	332	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,229	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,727	0	2,727	0	225	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,509	329,870	42,509	75,832	14,049	30.00
31.00	03100	INTENSIVE CARE UNIT	9,273	57,643	9,273	11,228	2,940	31.00
43.00	04300	NURSERY	1,725	0	1,725	0	425	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,558	59,861	0	0	3,829	50.00
51.00	05100	RECOVERY ROOM	1,121	0	1,121	0	904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,282	0	2,282	681	611	52.00
53.00	05300	ANESTHESIOLOGY	937	0	0	0	1,204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,725	17,103	10,725	0	2,842	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,178	14,702	1,178	0	279	54.01
57.00	05700	CT SCAN	847	26,574	847	0	1,080	57.00
60.00	06000	LABORATORY	5,223	0	5,223	0	4,005	60.00
65.00	06500	RESPIRATORY THERAPY	1,205	0	1,205	0	1,353	65.00
66.00	06600	PHYSICAL THERAPY	13,036	18,855	13,036	0	1,855	66.00
69.00	06900	ELECTROCARDIOLOGY	6,795	5,318	0	0	1,345	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	79,319	10,967	0	1,674	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	12,377	15	0	0	0	88.00
90.00	09000	CLINIC	884	58,852	0	0	1,147	90.00
90.01	09001	URGENT CARE	2,000	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	4,154	461	4,154	0	909	90.02
91.00	09100	EMERGENCY	11,877	142,660	11,877	0	4,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	953	0	0	0	2,947	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,527	533	1,527	0	1,240	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	187,242	846,741	138,900	87,741	55,497	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	791	0	791	0	326	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	43,725	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	1,000	0	1,000	0	0	194.03
194.04	07954	TRANSPORT	686	1,364	0	0	878	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	266	194.06
194.07	07957	KIRK CLINIC	0	7,080	0	0	0	194.07
194.08	07958	NORMAN PARK FM CLINIC	0	68	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)	9,677,006	855,239	2,060,447	1,388,081	533,469	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.323408	0.951342	14.645194	15.820209	9.364527	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,427,618	39,644	186,053	284,662	17,801	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.373496	0.044099	1.322423	3.244344	0.312479	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		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 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		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	24,579					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,820,907				14.00
15.00	01500	PHARMACY	0	108,741	2,926,752			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	881	0	367,964,011		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	21,624	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	14,049	408,324	0	27,592,856	18,548	30.00
31.00	03100	INTENSIVE CARE UNIT	2,940	93,832	0	5,642,588	2,900	31.00
43.00	04300	NURSERY	425	25,631	33	757,263	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,006,229	628	31,768,645	0	50.00
51.00	05100	RECOVERY ROOM	904	20,987	0	3,166,221	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	611	775	0	1,089,724	176	52.00
53.00	05300	ANESTHESIOLOGY	0	71,004	243	4,528,211	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,544	6,033	14,847,574	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	1,666	97	7,014,152	0	54.01
57.00	05700	CT SCAN	0	16,791	0	43,221,911	0	57.00
60.00	06000	LABORATORY	0	57,728	0	59,490,778	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	42,415	0	10,163,971	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,058	422	7,912,285	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	160,427	948	27,691,244	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	761,957	0	24,234,734	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,633,538	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,277,644	62,629,139	0	73.00
74.00	07400	RENAL DIALYSIS	0	406,906	579,317	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	1,251	0	0	0	88.00
90.00	09000	CLINIC	0	42,183	6,236	0	0	90.00
90.01	09001	URGENT CARE	0	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	21,748	0	0	0	90.02
91.00	09100	EMERGENCY	4,410	431,695	0	22,250,979	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	32,837	6,392	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,240	29,251	30,183	2,328,198	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,579	4,765,861	2,908,176	367,964,011	21,624	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,600	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	46,375	169	0	0	194.01
194.02	07952	COMM CARE	0	1,523	0	0	0	194.02
194.03	07953	FOUNDATION	0	1,288	0	0	0	194.03
194.04	07954	TRANSPORT	0	2,260	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	18,407	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)	1,761,004	1,645,033	10,018,434	850,779	218,852	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	71.646690	0.341229	3.423055	0.002312	10.120792	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	62,794	450,682	229,229	113,125	24,354	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		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)	2.554783	0.093485	0.078322	0.000307	1.126249	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 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		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	584			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		584		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	52	52		30.00
31.00	03100	INTENSIVE CARE UNIT	16	16		31.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	52	52		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24	24		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2	2		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	46	46		90.00
90.01	09001	URGENT CARE	0	0		90.01
90.02	09002	FAMILY RESIDENCY CLINIC	218	218		90.02
91.00	09100	EMERGENCY	18	18		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)	428	428		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156	156		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)	985,610	2,122,816		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,687.688356	3,634.958904		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,083	170,434		204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		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)	13.840753	291.839041		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

POST STEPDOWN ADJUSTMENTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet B-2 | Date/Time Prepared: 4/30/2021 12:48 pm

		Description	Worksheet CODE	Worksheet Line No.	Amount	
		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	-527,070	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet C Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,145,799		24,145,799	0	24,145,799	30.00
31.00	03100	INTENSIVE CARE UNIT	4,739,240		4,739,240	0	4,739,240	31.00
43.00	04300	NURSERY	736,948		736,948	0	736,948	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,762,220		6,762,220	0	6,762,220	50.00
51.00	05100	RECOVERY ROOM	841,688		841,688	0	841,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,032,171		1,032,171	0	1,032,171	52.00
53.00	05300	ANESTHESIOLOGY	3,109,487		3,109,487	0	3,109,487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,729,493		5,729,493	0	5,729,493	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	695,200		695,200	0	695,200	54.01
57.00	05700	CT SCAN	1,453,912		1,453,912	0	1,453,912	57.00
60.00	06000	LABORATORY	6,826,306		6,826,306	0	6,826,306	60.00
65.00	06500	RESPIRATORY THERAPY	1,652,893	0	1,652,893	0	1,652,893	65.00
66.00	06600	PHYSICAL THERAPY	4,281,362	0	4,281,362	0	4,281,362	66.00
69.00	06900	ELECTROCARDIOLOGY	2,622,787		2,622,787	0	2,622,787	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,683,073		13,683,073	0	13,683,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,823,697		2,823,697	0	2,823,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,803,622		11,803,622	0	11,803,622	73.00
74.00	07400	RENAL DIALYSIS	5,488,397		5,488,397	0	5,488,397	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	3,618,506		3,618,506	0	3,618,506	88.00
90.00	09000	CLINIC	1,666,683		1,666,683	0	1,666,683	90.00
90.01	09001	URGENT CARE	210,591		210,591	0	210,591	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	1,403,418		1,403,418	0	1,403,418	90.02
91.00	09100	EMERGENCY	6,588,684		6,588,684	0	6,588,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,931,226		2,931,226		2,931,226	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,383,236		2,383,236	0	2,383,236	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,797,409		1,797,409		1,797,409	116.00
200.00		Subtotal (see instructions)	119,028,048	0	119,028,048	0	119,028,048	200.00
201.00		Less Observation Beds	2,931,226		2,931,226		2,931,226	201.00
202.00		Total (see instructions)	116,096,822	0	116,096,822	0	116,096,822	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet C Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,638,433		22,638,433			30.00
31.00	03100	INTENSIVE CARE UNIT	5,642,588		5,642,588			31.00
43.00	04300	NURSERY	757,263		757,263			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,236,316	23,532,329	31,768,645	0.212858	0.000000	50.00
51.00	05100	RECOVERY ROOM	611,577	1,815,397	2,426,974	0.346806	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,087,543	2,181	1,089,724	0.947186	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,441,609	3,086,602	4,528,211	0.686692	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,461,545	11,386,029	14,847,574	0.385887	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,393,613	5,620,539	7,014,152	0.099114	0.000000	54.01
57.00	05700	CT SCAN	10,437,056	32,784,855	43,221,911	0.033638	0.000000	57.00
60.00	06000	LABORATORY	26,860,725	32,630,053	59,490,778	0.114746	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,934,841	2,229,130	10,163,971	0.162623	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,904,091	6,008,194	7,912,285	0.541103	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	7,414,796	20,276,448	27,691,244	0.094715	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,071,314	10,163,420	24,234,734	0.564606	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,868,143	6,765,395	11,633,538	0.242720	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,082,615	38,546,524	62,629,139	0.188469	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,484,983	32,502,801	34,987,784	0.156866	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	1,530,413	1,530,413			88.00
90.00	09000	CLINIC	33,327	6,856,902	6,890,229	0.241891	0.000000	90.00
90.01	09001	URGENT CARE	0	0	0	0.000000	0.000000	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	6,236,728	16,014,251	22,250,979	0.296108	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	845,407	4,848,263	5,693,670	0.514822	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	5,008,870	5,008,870	0.475803	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,328,198	2,328,198			116.00
200.00		Subtotal (see instructions)	152,444,513	263,936,794	416,381,307			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	152,444,513	263,936,794	416,381,307			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet C Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.212858	50.00
51.00	05100	RECOVERY ROOM	0.346806	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.947186	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.385887	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	54.01
57.00	05700	CT SCAN	0.033638	57.00
60.00	06000	LABORATORY	0.114746	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	73.00
74.00	07400	RENAL DIALYSIS	0.156866	74.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
90.00	09000	CLINIC	0.241891	90.00
90.01	09001	URGENT CARE	0.000000	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	90.02
91.00	09100	EMERGENCY	0.296108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.475803	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 10/01/2019 To 09/30/2020 | Worksheet C Part I Date/Time Prepared: 4/30/2021 12:48 pm

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	24,422,577		24,422,577	0	24,422,577	30.00
31.00	03100	INTENSIVE CARE UNIT	4,824,402		4,824,402	0	4,824,402	31.00
43.00	04300	NURSERY	736,948		736,948	0	736,948	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,038,998		7,038,998	0	7,038,998	50.00
51.00	05100	RECOVERY ROOM	841,688		841,688	0	841,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,159,915		1,159,915	0	1,159,915	52.00
53.00	05300	ANESTHESIOLOGY	3,109,487		3,109,487	0	3,109,487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,740,138		5,740,138	0	5,740,138	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	695,200		695,200	0	695,200	54.01
57.00	05700	CT SCAN	1,453,912		1,453,912	0	1,453,912	57.00
60.00	06000	LABORATORY	6,826,306		6,826,306	0	6,826,306	60.00
65.00	06500	RESPIRATORY THERAPY	1,652,893	0	1,652,893	0	1,652,893	65.00
66.00	06600	PHYSICAL THERAPY	4,281,362	0	4,281,362	0	4,281,362	66.00
69.00	06900	ELECTROCARDIOLOGY	2,622,787		2,622,787	0	2,622,787	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,683,073		13,683,073	0	13,683,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,823,697		2,823,697	0	2,823,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,803,622		11,803,622	0	11,803,622	73.00
74.00	07400	RENAL DIALYSIS	5,488,397		5,488,397	0	5,488,397	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	3,618,506		3,618,506	0	3,618,506	88.00
90.00	09000	CLINIC	1,911,525		1,911,525	0	1,911,525	90.00
90.01	09001	URGENT CARE	210,591		210,591	0	210,591	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	2,563,755		2,563,755	0	2,563,755	90.02
91.00	09100	EMERGENCY	6,684,491		6,684,491	0	6,684,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,931,226		2,931,226		2,931,226	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,383,236		2,383,236	0	2,383,236	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,797,409		1,797,409		1,797,409	116.00
200.00		Subtotal (see instructions)	121,306,141	0	121,306,141	0	121,306,141	200.00
201.00		Less Observation Beds	2,931,226		2,931,226		2,931,226	201.00
202.00		Total (see instructions)	118,374,915	0	118,374,915	0	118,374,915	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet C Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,638,433		22,638,433			30.00
31.00	03100	INTENSIVE CARE UNIT	5,642,588		5,642,588			31.00
43.00	04300	NURSERY	757,263		757,263			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,236,316	23,532,329	31,768,645	0.221571	0.000000	50.00
51.00	05100	RECOVERY ROOM	611,577	1,815,397	2,426,974	0.346806	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,087,543	2,181	1,089,724	1.064412	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,441,609	3,086,602	4,528,211	0.686692	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,461,545	11,386,029	14,847,574	0.386604	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	1,393,613	5,620,539	7,014,152	0.099114	0.000000	54.01
57.00	05700	CT SCAN	10,437,056	32,784,855	43,221,911	0.033638	0.000000	57.00
60.00	06000	LABORATORY	26,860,725	32,630,053	59,490,778	0.114746	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,934,841	2,229,130	10,163,971	0.162623	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,904,091	6,008,194	7,912,285	0.541103	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	7,414,796	20,276,448	27,691,244	0.094715	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,071,314	10,163,420	24,234,734	0.564606	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,868,143	6,765,395	11,633,538	0.242720	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,082,615	38,546,524	62,629,139	0.188469	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,484,983	32,502,801	34,987,784	0.156866	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	1,530,413	1,530,413	2.364398	0.000000	88.00
90.00	09000	CLINIC	33,327	6,856,902	6,890,229	0.277425	0.000000	90.00
90.01	09001	URGENT CARE	0	0	0	0.000000	0.000000	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	6,236,728	16,014,251	22,250,979	0.300413	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	845,407	4,848,263	5,693,670	0.514822	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	5,008,870	5,008,870	0.475803	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,328,198	2,328,198			116.00
200.00		Subtotal (see instructions)	152,444,513	263,936,794	416,381,307			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	152,444,513	263,936,794	416,381,307			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet C Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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	FAMILY RESIDENCY 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 10/01/2019 To 09/30/2020 | Worksheet D Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

	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	2,937,114	24,167	2,912,947	21,135	137.83	30.00
31.00	INTENSIVE CARE UNIT	618,409		618,409	2,900	213.24	31.00
43.00	NURSERY	106,816		106,816	1,018	104.93	43.00
200.00	Total (lines 30 through 199)	3,662,339		3,638,172	25,053		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	6,417	884,455				30.00
31.00	INTENSIVE CARE UNIT	1,173	250,131				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	7,590	1,134,586				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part II Date/Time Prepared: 4/30/2021 12:48 pm

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	1,385,401	31,768,645	0.043609	2,252,270	98,219	50.00
51.00	05100	RECOVERY ROOM	75,013	2,426,974	0.030908	171,594	5,304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	141,182	1,089,724	0.129558	9,445	1,224	52.00
53.00	05300	ANESTHESIOLOGY	83,850	4,528,211	0.018517	392,610	7,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	658,708	14,847,574	0.044365	1,292,093	57,324	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	74,715	7,014,152	0.010652	397,992	4,239	54.01
57.00	05700	CT SCAN	74,319	43,221,911	0.001719	3,709,186	6,376	57.00
60.00	06000	LABORATORY	370,305	59,490,778	0.006225	10,251,816	63,818	60.00
65.00	06500	RESPIRATORY THERAPY	88,057	10,163,971	0.008664	1,885,478	16,336	65.00
66.00	06600	PHYSICAL THERAPY	774,480	7,912,285	0.097883	683,598	66,913	66.00
69.00	06900	ELECTROCARDIOLOGY	419,580	27,691,244	0.015152	2,178,927	33,015	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	175,494	24,234,734	0.007241	4,722,602	34,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,829	11,633,538	0.002048	1,462,394	2,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,956	62,629,139	0.003768	7,934,073	29,896	73.00
74.00	07400	RENAL DIALYSIS	737,041	34,987,784	0.021066	1,606,337	33,839	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	713,185	1,530,413	0.466008	0	0	88.00
90.00	09000	CLINIC	68,253	6,890,229	0.009906	33,277	330	90.00
90.01	09001	URGENT CARE	112,413	0	0.000000	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	248,024	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	783,835	22,250,979	0.035227	1,919,997	67,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	356,557	5,693,670	0.062623	615,406	38,539	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,600,197	380,005,955		41,519,095	567,469	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part III Date/Time Prepared: 4/30/2021 12:48 pm

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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	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	21,135	0.00	6,417	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,900	0.00	1,173	31.00
43.00	04300	NURSERY		0	1,018	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	25,053		7,590	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 10/01/2019 To 09/30/2020 | Worksheet D Part IV | Date/Time Prepared: 4/30/2021 12:48 pm

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	FAMILY RESIDENCY 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	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						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 10/01/2019 To 09/30/2020 | Worksheet D Part IV Date/Time Prepared: 4/30/2021 12:48 pm

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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	31,768,645	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,426,974	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,089,724	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,528,211	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,847,574	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0	0	0	7,014,152	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	43,221,911	0.000000	57.00
60.00	06000	LABORATORY	0	0	0	59,490,778	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,163,971	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,912,285	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,691,244	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,234,734	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,633,538	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	62,629,139	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	34,987,784	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	1,530,413	0.000000	88.00
90.00	09000	CLINIC	0	0	0	6,890,229	0.000000	90.00
90.01	09001	URGENT CARE	0	0	0	0	0.000000	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	22,250,979	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,693,670	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	380,005,955		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part IV Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	2,252,270	0	4,332,162	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	171,594	0	326,509	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	9,445	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	392,610	0	435,635	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,292,093	0	2,118,757	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.000000	397,992	0	1,324,869	0	54.01
57.00	05700	CT SCAN	0.000000	3,709,186	0	6,678,554	0	57.00
60.00	06000	LABORATORY	0.000000	10,251,816	0	4,195,041	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,885,478	0	511,354	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	683,598	0	9,184	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,178,927	0	5,139,657	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,722,602	0	1,825,883	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,462,394	0	1,717,694	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,934,073	0	11,451,707	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,606,337	0	149,094	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	33,277	0	2,931,326	0	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	1,919,997	0	2,410,772	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	615,406	0	1,143,251	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		41,519,095	0	46,701,449	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part V Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.212858	4,332,162	0	0	922,135	50.00
51.00	05100	RECOVERY ROOM	0.346806	326,509	0	0	113,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.947186	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	435,635	0	0	299,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.385887	2,118,757	0	0	817,601	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	1,324,869	0	0	131,313	54.01
57.00	05700	CT SCAN	0.033638	6,678,554	0	0	224,653	57.00
60.00	06000	LABORATORY	0.114746	4,195,041	450	0	481,364	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	511,354	0	0	83,158	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	9,184	0	0	4,969	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	5,139,657	0	0	486,803	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	1,825,883	0	0	1,030,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	1,717,694	0	0	416,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	11,451,707	5,513	105,465	2,158,292	73.00
74.00	07400	RENAL DIALYSIS	0.156866	149,094	0	0	23,388	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.241891	2,931,326	0	0	709,061	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.296108	2,410,772	0	0	713,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	1,143,251	58	0	588,571	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.475803		0			95.00
200.00		Subtotal (see instructions)		46,701,449	6,021	105,465	9,205,362	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		46,701,449	6,021	105,465	9,205,362	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part V Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	52	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	1,039	19,877		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	URGENT CARE	0	0		90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	30	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,121	19,877		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,121	19,877		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 11-0105 | Component CCN: 11-U105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part V Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Swing Beds - SNF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.212858	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.346806	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.947186	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.385887	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	0	0	0	0	54.01
57.00	05700	CT SCAN	0.033638	0	0	0	0	57.00
60.00	06000	LABORATORY	0.114746	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.156866	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.241891	0	0	0	0	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.296108	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.475803		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		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 | Component CCN: 11-U105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part V | Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Swing Beds - SNF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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				88.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	URGENT CARE	0	0		90.01
90.02	09002	FAMILY RESIDENCY 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)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part V Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.221571	0	737,067	0	0	50.00
51.00	05100	RECOVERY ROOM	0.346806	0	89,489	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.064412	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	0	116,141	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.386604	0	593,899	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	0	619,657	0	0	54.01
57.00	05700	CT SCAN	0.033638	0	1,419,332	0	0	57.00
60.00	06000	LABORATORY	0.114746	0	94,271	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	0	158,553	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	0	89,995	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	0	567,033	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	0	427,457	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	0	46,244	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	0	696,452	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.156866	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.277425	0	495,221	0	0	90.00
90.01	09001	URGENT CARE	0.000000	0	0	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.300413	0	881,866	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	0	239,611	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.475803	0	0			95.00
200.00		Subtotal (see instructions)		0	7,272,288	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	7,272,288	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D Part V Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	163,313	0		50.00
51.00	05100	RECOVERY ROOM	31,035	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	79,753	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,604	0		54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	61,417	0		54.01
57.00	05700	CT SCAN	47,743	0		57.00
60.00	06000	LABORATORY	10,817	0		60.00
65.00	06500	RESPIRATORY THERAPY	25,784	0		65.00
66.00	06600	PHYSICAL THERAPY	48,697	0		66.00
69.00	06900	ELECTROCARDIOLOGY	53,707	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	241,345	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,224	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	131,260	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	137,387	0		90.00
90.01	09001	URGENT CARE	0	0		90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0	0		90.02
91.00	09100	EMERGENCY	264,924	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	123,357	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,661,367	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,661,367	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/30/2021 12:48 pm
	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)	22,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,135	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)	18,548	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	82	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)	74	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	399	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)	483	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	6,417	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)	82	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)	74	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	235.33	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	242.10	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	183.05	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	183.05	20.00
21.00	Total general inpatient routine service cost (see instructions)	24,145,799	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)	19,297	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)	17,915	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)	73,037	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)	88,413	25.00
26.00	Total swing-bed cost (see instructions)	198,662	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	23,947,137	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)	23,947,137	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)	1,133.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,270,846	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)	7,270,846	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-1 | Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,739,240	2,900	1,634.22	1,173	1,916,940	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)	9,201,610	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	18,389,396	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)	1,134,586	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	567,469	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,702,055	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	16,687,341	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)	19,297	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	17,915	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	37,212	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,133.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,931,226	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-1 | Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,937,114	24,145,799	0.121641	2,931,226	356,557	90.00
91.00	Nursing School cost	0	24,145,799	0.000000	2,931,226	0	91.00
92.00	Allied health cost	0	24,145,799	0.000000	2,931,226	0	92.00
93.00	All other Medical Education	0	24,145,799	0.000000	2,931,226	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-1 | Date/Time Prepared: 4/30/2021 12:48 pm

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)	22,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,135	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)	18,548	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	82	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)	74	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	399	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)	483	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	933	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)	82	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)	1,018	15.00
16.00	Nursery days (title V or XIX only)	205	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	235.33	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	242.10	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	183.05	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	183.05	20.00
21.00	Total general inpatient routine service cost (see instructions)	24,422,577	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)	19,297	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)	17,915	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)	73,037	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)	88,413	25.00
26.00	Total swing-bed cost (see instructions)	198,662	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	24,223,915	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)	24,223,915	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)	1,146.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,069,358	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)	1,069,358	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-1 | Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | 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)	736,948	1,018	723.92	205	148,404	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,824,402	2,900	1,663.59	1,392	2,315,717	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)	3,055,743	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,589,222	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)	19,297	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)	19,297	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,146.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,965,090	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-1 | Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,937,114	24,422,577	0.120262	2,965,090	356,588	90.00
91.00	Nursing School cost	0	24,422,577	0.000000	2,965,090	0	91.00
92.00	Allied health cost	0	24,422,577	0.000000	2,965,090	0	92.00
93.00	All other Medical Education	0	24,422,577	0.000000	2,965,090	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-3 | Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | 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		6,629,554		30.00
31.00	03100	INTENSIVE CARE UNIT		1,878,441		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.212858	2,252,270	479,414	50.00
51.00	05100	RECOVERY ROOM	0.346806	171,594	59,510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.947186	9,445	8,946	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	392,610	269,602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.385887	1,292,093	498,602	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	397,992	39,447	54.01
57.00	05700	CT SCAN	0.033638	3,709,186	124,770	57.00
60.00	06000	LABORATORY	0.114746	10,251,816	1,176,355	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	1,885,478	306,622	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	683,598	369,897	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	2,178,927	206,377	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	4,722,602	2,666,409	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	1,462,394	354,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	7,934,073	1,495,327	73.00
74.00	07400	RENAL DIALYSIS	0.156866	1,606,337	251,980	74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.241891	33,277	8,049	90.00
90.01	09001	URGENT CARE	0.000000	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	90.02
91.00	09100	EMERGENCY	0.296108	1,919,997	568,526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	615,406	316,825	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)		41,519,095	9,201,610	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)		41,519,095		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 11-0105 | Component CCN: 11-U105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-3 | Date/Time Prepared: 4/30/2021 12:48 pm

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	0.212858	0	0	50.00
51.00	05100	RECOVERY ROOM	0.346806	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.947186	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.385887	2,036	786	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	0	0	54.01
57.00	05700	CT SCAN	0.033638	630	21	57.00
60.00	06000	LABORATORY	0.114746	29,769	3,416	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	7,998	1,301	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	41,524	22,469	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	253	24	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	37,709	21,291	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	62,857	11,847	73.00
74.00	07400	RENAL DIALYSIS	0.156866	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.241891	0	0	90.00
90.01	09001	URGENT CARE	0.000000	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	90.02
91.00	09100	EMERGENCY	0.296108	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	0	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)		182,776	61,155	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)		182,776		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet D-3 | Date/Time Prepared: 4/30/2021 12:48 pm

Title XIX | Hospital | Cost

		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		1,719,893		30.00
31.00	03100	INTENSIVE CARE UNIT		813,315		31.00
43.00	04300	NURSERY		122,560		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.221571	704,084	156,005	50.00
51.00	05100	RECOVERY ROOM	0.346806	66,600	23,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.064412	166,083	176,781	52.00
53.00	05300	ANESTHESIOLOGY	0.686692	106,706	73,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.386604	520,159	201,096	54.00
54.01	05401	NUCLEAR MEDICINE-DIAG	0.099114	733,322	72,682	54.01
57.00	05700	CT SCAN	0.033638	266,893	8,978	57.00
60.00	06000	LABORATORY	0.114746	3,071,596	352,453	60.00
65.00	06500	RESPIRATORY THERAPY	0.162623	741,572	120,597	65.00
66.00	06600	PHYSICAL THERAPY	0.541103	165,157	89,367	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094715	400,659	37,948	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.564606	1,424,462	804,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.242720	280,051	67,974	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188469	3,217,778	606,451	73.00
74.00	07400	RENAL DIALYSIS	0.156866	146,333	22,955	74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	2.364398	0	0	88.00
90.00	09000	CLINIC	0.277425	50	14	90.00
90.01	09001	URGENT CARE	0.000000	0	0	90.01
90.02	09002	FAMILY RESIDENCY CLINIC	0.000000	0	0	90.02
91.00	09100	EMERGENCY	0.300413	465,878	139,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.514822	197,845	101,855	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)		12,675,228	3,055,743	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)		12,675,228		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/30/2021 12:48 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	11,036,352	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)	408,304	2.04
3.00	Managed Care Simulated Payments	8,031,821	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	97.93	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	11.12	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	11.12	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.113550	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.123581	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.113550	21.00
22.00	IME payment adjustment (see instructions)	663,340	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	482,753	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	663,340	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	482,753	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	14.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)	21.14	31.00
32.00	Sum of lines 30 and 31	35.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)	18.56	33.00
34.00	Disproportionate share adjustment (see instructions)	512,087	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E Part A Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000222647	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	1,859,239	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	1,859,239	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,859,239		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	14,479,322		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	12,949,802		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		14,962,075	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		955,515	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).		635,059	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 intructions)		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)		16,552,649	59.00
60.00	Primary payer payments		3,396	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,549,253	61.00
62.00	Deductibles billed to program beneficiaries		1,320,704	62.00
63.00	Coinsurance billed to program beneficiaries		89,276	63.00
64.00	Allowable bad debts (see instructions)		590,735	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		383,978	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		336,243	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,523,251	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)		-2,463	70.93
70.94	HRR adjustment amount (see instructions)		-164,442	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/30/2021 12:48 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,356,346	71.00
71.01	Sequestration adjustment (see instructions)		178,134	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		15,629,367	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-451,155	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		843,437	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
	Comparision 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 10/01/2019 To 09/30/2020 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 4/30/2021 12:48 pm

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		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	11,036,352	0		11,036,352	11,036,352	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	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	408,304	0		408,304	408,304	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,031,821	0	0	8,031,821	8,031,821	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.113550	0.113550	0.113550	0.113550		5.00
6.00	IME payment adjustment (see instructions)	22.00	663,340	0	0	663,340	663,340	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	482,753	0	0	482,753	482,753	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	663,340	0	0	663,340	663,340	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	482,753	0	0	482,753	482,753	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1856	0.1856	0.1856	0.1856		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	512,087	0	0	512,087	512,087	11.00
11.01	Uncompensated care payments	36.00	1,859,239	0	0	1,859,239	1,859,239	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	14,479,322	0	0	14,479,322	14,479,322	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	14,962,075	0	0	14,962,075	14,962,075	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	955,515	0	0	955,515	955,515	16.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 4/30/2021 12:48 pm

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		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	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	15,917,590	15,917,590	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	849,776	0	0	849,776	849,776	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	59,426	0	0	59,426	59,426	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0545	0.0545	0.0545	0.0545		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	46,313	0	0	46,313	46,313	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	955,515	0	0	955,515	955,515	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/30/2021 12:48 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	11,036,352		11,036,352	11,036,352	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	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	408,304		408,304	408,304	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,031,821	0	8,031,821	8,031,821	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.113550	0.113550	0.113550		5.00
6.00	IME payment adjustment (see instructions)	22.00	663,340	0	663,340	663,340	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	482,753	0	482,753	482,753	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	663,340	0	663,340	663,340	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	482,753	0	482,753	482,753	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1856	0.1856	0.1856		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	512,087	0	512,087	512,087	11.00
11.01	Uncompensated care payments	36.00	1,859,239	0	1,859,239	1,859,239	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	14,479,322	0	14,479,322	14,479,322	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	14,962,075	0	14,962,075	14,962,075	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	955,515	0	955,515	955,515	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			0	15,917,590	15,917,590	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/30/2021 12:48 pm

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		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	849,776	0	849,776	849,776	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	59,426	0	59,426	59,426	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	0.0545	0.0545	0.0545		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	46,313	0	46,313	46,313	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	955,515	0	955,515	955,515	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	-2,463	0	-2,463	-2,463	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	-164,442	0	-164,442	-164,442	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 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/30/2021 12:48 pm
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	20,998	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	9,205,362	2.00
3.00	OPPS payments	9,719,959	3.00
4.00	Outlier payment (see instructions)	15,415	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.880	5.00
6.00	Line 2 times line 5	8,100,719	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)	20,998	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	111,486	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)	111,486	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	111,486	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	90,488	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	20,998	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)	9,735,374	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	102	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	1,777,678	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)	7,978,592	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	321,048	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)	8,299,640	30.00
31.00	Primary payer payments	632	31.00
32.00	Subtotal (line 30 minus line 31)	8,299,008	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	179,886	33.00
34.00	Allowable bad debts (see instructions)	521,167	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	338,759	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	167,614	36.00
37.00	Subtotal (see instructions)	8,817,653	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	8,817,653	40.00
40.01	Sequestration adjustment (see instructions)	102,285	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	9,144,991	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-429,623	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E-1 Part I Date/Time Prepared: 4/30/2021 12:48 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,798,330		8,755,240	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	09/11/2020	831,037	09/11/2020	389,751	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		831,037		389,751	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,629,367		9,144,991	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		451,155		429,623	6.02
7.00	Total Medicare program liability (see instructions)		15,178,212		8,715,368	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 | Component CCN: 11-U105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E-1 Part I | Date/Time Prepared: 4/30/2021 12:48 pm

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		71,504		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	09/11/2020	233		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		233		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)		71,737		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		312		0	6.02
7.00	Total Medicare program liability (see instructions)		71,425		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet E-1 Part II Date/Time Prepared: 4/30/2021 12:48 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 11-0105 | Component CCN: 11-U105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet E-2 | Date/Time Prepared: 4/30/2021 12:48 pm

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)	79,556	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 and swing-bed pass-through, see instructions)	0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	156	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)	79,556	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	79,556	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)	79,556	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	7,293	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)	72,263	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)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	72,263	0	19.00
19.01	Sequestration adjustment (see instructions)	838	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
20.00	Interim payments	71,737	0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)	0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	-312	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
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
	Comparision 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 10/01/2019 To 09/30/2020 | Worksheet E-3 Part VII Date/Time Prepared: 4/30/2021 12:48 pm

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	6,589,222		1.00
2.00	Medical and other services		1,661,367	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	6,589,222	1,661,367	4.00
5.00	Inpatient primary payer payments	92,570		5.00
6.00	Outpatient primary payer payments		2,072	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	6,496,652	1,659,295	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	2,655,768		8.00
9.00	Ancillary service charges	12,675,228	7,272,288	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)	15,330,996	7,272,288	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)	15,330,996	7,272,288	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	8,741,774	5,610,921	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)	6,589,222	1,661,367	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)	6,589,222	1,661,367	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)	6,496,652	1,659,295	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	4,071	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)	6,496,652	1,655,224	36.00
37.00	4.23% MEDICAID O/P COST REDUCTION	0	-70,276	37.00
38.00	Subtotal (line 36 ± line 37)	6,496,652	1,584,948	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)	6,496,652	1,584,948	40.00
41.00	Interim payments	3,936,249	1,596,921	41.00
42.00	Balance due provider/program (line 40 minus line 41)	2,560,403	-11,973	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 10/01/2019 To 09/30/2020 | Worksheet E-4 | Date/Time Prepared: 4/30/2021 12:48 pm

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	11.12	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	11.12	0.00		17.00
18.00	Per resident amount	146,812.68	0.00		18.00
19.00	Approved amount for resident costs	1,632,557	0	1,632,557	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)	104,886.20	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)	1,632,557	25.00

		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,590	999	4,457		26.00
27.00	Total Inpatient Days (see instructions)	21,624	21,624	21,624		27.00
28.00	Ratio of inpatient days to total inpatient days	0.350999	0.046199	0.206114		28.00
29.00	Program direct GME amount	573,026	75,423	336,493	984,942	29.00
29.01	Percent reduction for MA DGME		7.00	7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,280	23,555	28,835	30.00
31.00	Net Program direct GME amount				956,107	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/30/2021 12:48 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	34,987,784	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)	18,468,952	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)	3,396	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	18,465,556	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	9,335,716	42.00
43.00	Primary payer payments (see instructions)	632	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	9,335,084	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	27,800,640	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.664213	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.335787	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	956,107	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	635,059	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	321,048	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 10/01/2019 To 09/30/2020 | Worksheet G | Date/Time Prepared: 4/30/2021 12:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	42,876,867	0	0	0	1.00
2.00	Temporary investments	4,533,864	0	0	0	2.00
3.00	Notes receivable	341,807	0	0	0	3.00
4.00	Accounts receivable	72,271,988	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	-52,965,257	0	0	0	7.00
8.00	Prepaid expenses	4,900,591	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	2,069,261	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	74,029,121	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,524,440	0	0	0	12.00
13.00	Land improvements	3,578,484	0	0	0	13.00
14.00	Accumulated depreciation	-2,559,055	0	0	0	14.00
15.00	Buildings	107,659,385	0	0	0	15.00
16.00	Accumulated depreciation	-42,507,861	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	19,872,439	0	0	0	19.00
20.00	Accumulated depreciation	-15,058,929	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	84,829,079	0	0	0	23.00
24.00	Accumulated depreciation	-63,306,103	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)	94,031,879	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	58,733,582	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	2,074,385	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	60,807,967	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	228,868,967	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,634,990	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,605,242	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,266,084	0	0	0	40.00
41.00	Deferred income	12,646,989	0	0	0	41.00
42.00	Accelerated payments	3,807,888				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,573,981	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,535,174	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	45,442,827	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,648,177	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	56,091,004	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,626,178	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	123,242,789				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	123,242,789	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	228,868,967	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet G-1 | Date/Time Prepared: 4/30/2021 12:48 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		111,738,486		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,247,376				2.00
3.00	Total (sum of line 1 and line 2)		122,985,862		0		3.00
4.00	CAPITAL CONTRIBUTIONS	256,925		0		0	4.00
5.00	ROUNDING	2		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)		256,927		0		10.00
11.00	Subtotal (line 3 plus line 10)		123,242,789		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)		123,242,789		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	ROUNDING		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 10/01/2019 To 09/30/2020 | Worksheet G-2 Parts I & II | Date/Time Prepared: 4/30/2021 12:48 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	21,314,225		21,314,225	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	584,961		584,961	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)	21,899,186		21,899,186	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	5,642,588		5,642,588	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)	5,642,588		5,642,588	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,541,774		27,541,774	17.00
18.00	Ancillary services	117,030,014	227,349,898	344,379,912	18.00
19.00	Outpatient services	7,115,462	27,719,416	34,834,878	19.00
20.00	RURAL HEALTH CLINIC	0	1,530,413	1,530,413	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	5,008,870	5,008,870	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,328,198	2,328,198	26.00
27.00	OTHER PATIENT SERVICE REVENUES	7,355,866	18,980,096	26,335,962	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	159,043,116	282,916,891	441,960,007	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,388,065		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)		175,388,065		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet G-3 | Date/Time Prepared: 4/30/2021 12:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	441,960,007	1.00
2.00	Less contractual allowances and discounts on patients' accounts	297,670,711	2.00
3.00	Net patient revenues (line 1 minus line 2)	144,289,296	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,388,065	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-31,098,769	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,871,133	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	7,309	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	585,371	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	1,042,828	17.00
18.00	Revenue from sale of medical records and abstracts	3,636	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	665,600	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS OTHER	6,626,000	24.00
24.01	CRH NET PATIENT REVENUE	2,796,963	24.01
24.02	CRM NET PATIENT REVENUE	20,580,804	24.02
24.03	SALE OF ASSETS	18,949	24.03
24.50	COVID-19 PHE Funding	7,147,552	24.50
25.00	Total other income (sum of lines 6-24)	42,346,145	25.00
26.00	Total (line 5 plus line 25)	11,247,376	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)	11,247,376	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 11-0105
Component CCN: 11-2314

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

Worksheet I-1
Date/Time Prepared:
4/30/2021 12:48 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	387,899	HOURS OF SERVICE	11,902.00	5.72	1.00
2.00	LICENSED PRACTICAL NURSES	281,103	HOURS OF SERVICE	14,150.00	6.80	2.00
3.00	NURSES AIDES	426	HOURS OF SERVICE	19.00	0.01	3.00
4.00	TECHNICIANS	16,903	HOURS OF SERVICE	1,671.00	0.80	4.00
5.00	SOCIAL WORKERS	53,099	HOURS OF SERVICE	1,726.00	0.83	5.00
6.00	DIETICIANS	50,996	HOURS OF SERVICE	2,004.00	0.96	6.00
7.00	PHYSICIANS	29,830	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	104,044	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	924,300				9.00
10.00	EMPLOYEE BENEFITS	74,506	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	68,773	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	15,987	REQUISITIONS			14.00
15.00	DRUGS	527,070	REQUISITIONS			15.00
16.00	OTHER	251,294	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,861,930				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	196,187	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	280,080	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	137,375	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	625,334	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	701,544	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	138,848	REQUISITIONS			24.00
25.00	PHARMACY	1,983,034	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	91,135	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,015,467				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,015,467				31.00

* 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 10/01/2019 To 09/30/2020 | Worksheet I-2 | Date/Time Prepared: 4/30/2021 12:48 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	897,731	348,853	387,899	402,527	211,881	1,983,034	1.00
	MAINTENANCE							
2.00	Hemodialysis	832,081	323,342	359,512	373,083	196,378	1,844,222	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	65,650	25,511	28,387	29,444	15,503	138,812	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						527,070	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)	897,731	348,853	387,899	402,527	211,881	1,983,034	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 cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	154,835	0	4,386,760	1,101,637	5,488,397		1.00
	MAINTENANCE							
2.00	Hemodialysis	143,997	0	4,072,615	1,022,746	5,095,361		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	10,838	0	314,145	78,891	393,036		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)	154,835	0	4,386,760	1,101,637	5,488,397		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,488,397		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 11-0105 | Component CCN: 11-2314 | Period: From 10/01/2019 To 09/30/2020 | Worksheet I-3 | Date/Time Prepared: 4/30/2021 12:48 pm

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			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		897,731	348,853	387,899	402,527	211,881	1.00
	MAINTENANCE							
2.00	Hemodialysis		10,165	10,165.00	11,031.00	22,592.00	884,374	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	902	802	802.00	871.00	1,783.00	69,815	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	11,902.00	24,375.00	954,189	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		81.857482	31.809337	32.591077	16.513928	0.222053	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	1,983,034	154,835	0	4,386,760	1,101,637		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		4,386,760		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	19,830.340000	1,548.350000	0.000000		0.251128		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 11-0105 | Component CCN: 11-2314 | Period: From 10/01/2019 To 09/30/2020 | Worksheet I-4 | Date/Time Prepared: 4/30/2021 12:48 pm

Rate 0 | Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-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	12,328	5,095,361	413.32	8,159	3,372,278	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		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	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
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)	12,328	5,095,361		8,159	3,372,278	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	12,328					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	2,160,721	264.83				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
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)	2,160,721					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 11-0105 | Period: From 10/01/2019 To 09/30/2020 | Worksheet I-5 | Date/Time Prepared: 4/30/2021 12:48 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,372,278		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	2,160,721	1,958,166	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	2,160,721	1,958,166	2.03
2.04	Outlier payments	129,953		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	730	662	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)	730	662	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	431,998	391,501	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	431,998	391,501	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	305,375	276,748	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	305,375	276,748	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	179,886		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	190,015		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	115,415	8.00
9.00	Program payment (see instructions)	0	1,566,003	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)	179,886		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	5,622,431		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	5,095,361		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.906256		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 11-0105 | Hospice CCN: 11-1542 | Period: From 10/01/2019 To 09/30/2020 | Worksheet O | Date/Time Prepared: 4/30/2021 12:48 pm

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*		119,173	119,173	-119,174	-1	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	36,920	36,920	0	36,920	3.00
4.00	ADMINISTRATIVE & GENERAL*	142,287	92,243	234,530	0	234,530	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	7,883	7,883	0	7,883	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	112,325	3,414	115,739	0	115,739	13.00
14.00	PHARMACY*	0	0	0	0	0	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						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		29,878	29,878	0	29,878	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**	198,436	11,277	209,713	0	209,713	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**	95,407	3,599	99,006	0	99,006	33.00
34.00	SPIRITUAL COUNSELING**	47,411	0	47,411	0	47,411	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 & HOMEMAKER SERVICES**	92,641	17,463	110,104	0	110,104	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)**	7,368	1,727	9,095	0	9,095	46.00
	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*	15,489	0	15,489	0	15,489	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*	0	93,802	93,802	0	93,802	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	711,364	417,379	1,128,743	-119,174	1,009,569	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 11-0105 | Hospice CCN: 11-1542 | Period: From 10/01/2019 To 09/30/2020 | Worksheet O | Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	-1		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	36,920		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	234,530		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	7,883		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	115,739		13.00
14.00	PHARMACY*	0	0		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	29,878		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	209,713		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	99,006		33.00
34.00	SPIRITUAL COUNSELING**	0	47,411		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	110,104		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	9,095		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	15,489		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	93,802		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	1,009,569		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 11-0105 | Hospice CCN: 11-1542 | Period: From 10/01/2019 To 09/30/2020 | Worksheet O-2 | Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	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	198,226	11,265	209,491	0	209,491	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	95,306	3,595	98,901	0	98,901	33.00
34.00	SPIRITUAL COUNSELING	47,361	0	47,361	0	47,361	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 & HOMEMAKER SERVICES	92,543	17,445	109,988	0	109,988	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)	7,360	1,725	9,085	0	9,085	46.00
100.00	TOTAL *	440,796	34,030	474,826	0	474,826	100.00

* Transfer the amount in column 7 to Wkst. O-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	209,491		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	98,901		33.00
34.00	SPIRITUAL COUNSELING	0	47,361		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	109,988		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	9,085		46.00
100.00	TOTAL *	0	474,826		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPITE CARE

Provider CCN: 11-0105 | Hospice CCN: 11-1542 | Period: From 10/01/2019 To 09/30/2020 | Worksheet O-3 | Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		29,878	29,878	0	29,878	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	210	12	222	0	222	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	101	4	105	0	105	33.00
34.00	SPIRITUAL COUNSELING	50	0	50	0	50	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 & HOMEMAKER SERVICES	98	18	116	0	116	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)	8	2	10	0	10	46.00
100.00	TOTAL *	467	29,914	30,381	0	30,381	100.00

* Transfer the amount in column 7 to Wkst. O-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	29,878		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	222		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	105		33.00
34.00	SPIRITUAL COUNSELING	0	50		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	116		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	10		46.00
100.00	TOTAL *	0	30,381		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 11-0105 | Hospice CCN: 11-1542 | Period: From 10/01/2019 To 09/30/2020 | Worksheet O-4 | Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	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	0	0	0	0	0	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	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	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 & HOMEMAKER SERVICES	0	0	0	0	0	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)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	0		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	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		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	0		46.00
100.00	TOTAL *	0	0		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 11-0105 Hospice CCN: 11-1542

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

Worksheet O-5

Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

	Descriptions	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	27,316	27,316	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	38,997	38,997	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	36,920	105,727	142,647	3.00
4.00	ADMINISTRATIVE & GENERAL	234,530	310,089	544,619	4.00
5.00	PLANT OPERATION & MAINTENANCE	7,883	75,317	83,200	5.00
6.00	LAUNDRY & LINEN SERVICE	0	507	507	6.00
7.00	HOUSEKEEPING	0	22,363	22,363	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	88,842	88,842	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	9,981	9,981	10.00
11.00	MEDICAL RECORDS	0	5,383	5,383	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	115,739		115,739	13.00
14.00	PHARMACY	0	103,318	103,318	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	474,826		474,826	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	30,381		30,381	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0		0	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	15,489		15,489	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	93,802		93,802	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	-1		-1	99.00
100.00	TOTAL	1,009,569	787,840	1,797,409	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6 Part I
Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

	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	27,316	27,316				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	38,997		38,997			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	142,647	0	0	142,647		3.00
4.00	ADMINISTRATIVE & GENERAL	544,619	27,316	38,997	28,532	639,464	4.00
5.00	PLANT OPERATION & MAINTENANCE	83,200	0	0	0	83,200	5.00
6.00	LAUNDRY & LINEN SERVICE	507	0	0	0	507	6.00
7.00	HOUSEKEEPING	22,363	0	0	0	22,363	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	88,842	0	0	0	88,842	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,981	0	0	0	9,981	10.00
11.00	MEDICAL RECORDS	5,383	0	0	0	5,383	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	115,739	0	0	22,524	138,263	13.00
14.00	PHARMACY	103,318	0	0	0	103,318	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	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	474,826			88,391	563,217	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	30,381	0	0	94	30,475	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	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	15,489	0	0	3,106	18,595	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	93,802				93,802	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-1	0	0	0		99.00
100.00	TOTAL	1,797,409	27,316	38,997	142,647	1,797,409	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6 Part I
Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	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	639,464					4.00
5.00	PLANT OPERATION & MAINTENANCE	49,996	133,196				5.00
6.00	LAUNDRY & LINEN SERVICE	305	0	812			6.00
7.00	HOUSEKEEPING	13,438	0		35,801		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	53,387	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,998	0		0		10.00
11.00	MEDICAL RECORDS	3,235	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	83,085	133,196		35,801		13.00
14.00	PHARMACY	62,086	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	338,447					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	18,313	0	812	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	11,174	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	639,464	133,196	812	35,801	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6 Part I
Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL 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	142,229					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	15,979				10.00
11.00	MEDICAL RECORDS	0		8,618			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	390,345	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	50.00
51.00	HOSPICE ROUTINE HOME CARE	142,114	15,963	8,609	0	376,709	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	115	16	9	0	399	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	66.00
67.00	ADVERTISING	0			0	13,237	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	99.00
100.00	TOTAL	142,229	15,979	8,618	0	390,345	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6 Part I
Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

	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	165,404					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	165,234	0	0		1,610,293	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	170	0	0	0	50,309	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	0		0		43,006	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					93,802	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	-1	99.00
100.00	TOTAL	165,404	0	0	0	1,797,409	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6
Part II
Date/Time Prepared:
4/30/2021 12:48 pm

Hospice I

	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 & FIXT	1,527					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		1,527				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	711,364			3.00
4.00	ADMINISTRATIVE & GENERAL	1,527	1,527	142,287	-639,464	1,064,144	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	83,200	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	507	6.00
7.00	HOUSEKEEPING	0	0	0	0	22,363	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	88,842	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	9,981	10.00
11.00	MEDICAL RECORDS	0	0	0	0	5,383	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	112,325	0	138,263	13.00
14.00	PHARMACY	0	0	0	0	103,318	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	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			440,796	0	563,217	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	467	0	30,475	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	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	15,489	0	18,595	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				-93,802		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. O-6, Part I)	27,316	38,997	142,647		639,464	100.00
101.00	UNIT COST MULTIPLIER	17.888671	25.538310	0.200526		0.600919	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6
Part II
Date/Time Prepared:
4/30/2021 12:48 pm

Hospice I

	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	14				6.00
7.00	HOUSEKEEPING	0		1,527			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		1,240	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			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,239	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	14	0	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	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. O-6, Part I)	133,196	812	35,801	0	142,229	100.00
101.00	UNIT COST MULTIPLIER	87.227243	58.000000	23.445318	0.000000	114.700806	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6
Part II
Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

	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	13,576					10.00
11.00	MEDICAL RECORDS		13,576				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	456,752		13.00
14.00	PHARMACY			0	0	30,183	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	13,562	13,562	0	440,796	30,152	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	14	14	0	467	31	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	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	66.00
67.00	ADVERTISING			0	15,489	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. O-6, Part I)	15,979	8,618	0	390,345	165,404	100.00
101.00	UNIT COST MULTIPLIER	1.177004	0.634797	0.000000	0.854610	5.480038	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 11-0105
Hospice CCN: 11-1542

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

Worksheet O-6
Part II
Date/Time Prepared:
4/30/2021 12:48 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		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 RESPITE 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					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. O-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 Hospice CCN: 11-1542

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

Worksheet O-7

Date/Time Prepared: 4/30/2021 12:48 pm

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	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.541103	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	0.188469	0	4,795	5	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.114746	0	1,196	1	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.564606	0	6,452	7	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) HGIP	Shared Service Costs by LOC 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	904	1	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	137	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,643	4	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	4,684	5	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 11-0105 Hospice CCN: 11-1542

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

Worksheet O-8

Date/Time Prepared: 4/30/2021 12:48 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-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. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			1,614,977	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			13,562	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			119.08	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	11,763	621		9.00
10.00	Program cost (line 8 times line 9)	1,400,738	73,949		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			50,314	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			14	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			3,593.86	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	14	0		14.00
15.00	Program cost (line 13 times line 14)	50,314	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,665,291	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			13,576	22.00
23.00	Average cost per diem (line 21 divided by line 22)			122.66	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 11-0105	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/30/2021 12:48 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	849,776	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	59,426	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)	59.08	3.00
4.00	Number of interns & residents (see instructions)	11.12	4.00
5.00	Indirect medical education percentage (see instructions)	5.45	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)	46,313	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)	955,515	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 11-0105 | Component CCN: 11-3422 | Period: From 10/01/2019 To 09/30/2020 | Worksheet M-1 | Date/Time Prepared: 4/30/2021 12:48 pm

RHC I | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	35,515	35,515	418,333	453,848	1.00
2.00	Physician Assistant	142,301	0	142,301	0	142,301	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	177,856	0	177,856	0	177,856	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	320,157	35,515	355,672	418,333	774,005	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	34,349	34,349	0	34,349	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	25,387	25,387	0	25,387	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	59,736	59,736	0	59,736	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	320,157	95,251	415,408	418,333	833,741	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	18,112	18,112	0	18,112	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	18,112	18,112	0	18,112	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	60,937	60,937	-41,221	19,716	29.00
30.00	Administrative Costs	170,007	696,194	866,201	-3,470	862,731	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	170,007	757,131	927,138	-44,691	882,447	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	490,164	870,494	1,360,658	373,642	1,734,300	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 11-0105 | Component CCN: 11-3422 | Period: From 10/01/2019 To 09/30/2020 | Worksheet M-1 | Date/Time Prepared: 4/30/2021 12:48 pm

RHC I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	453,848		1.00
2.00	Physician Assistant	0	142,301		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	177,856		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	774,005		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	34,349		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	25,387		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	59,736		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	833,741		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	18,112		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	18,112		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	19,716		29.00
30.00	Administrative Costs	0	862,731		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	882,447		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	1,734,300		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 11-0105 | Component CCN: 11-3422 | Period: From 10/01/2019 To 09/30/2020 | Worksheet M-2 | Date/Time Prepared: 4/30/2021 12:48 pm

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	1.88	7,264	4,200	7,896		1.00
2.00	Physician Assistant	0.99	2,703	2,100	2,079		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	2.87	9,967		9,975	9,975	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)	2.87	9,967			9,975	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)					833,741	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					18,112	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					851,853	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.978738	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					882,447	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,884,206	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,766,653	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					2,766,653	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					2,707,828	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,541,569	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 11-0105 Component CCN: 11-3422	Period: From 10/01/2019 To 09/30/2020	Worksheet M-3 Date/Time Prepared: 4/30/2021 12:48 pm
	Title XVIII	RHC I	Cost

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		3,541,569	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		133,279	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,408,290	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		9,975	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)		9,975	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		341.68	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)	84.70	86.31	8.00
9.00	Rate for Program covered visits (see instructions)	84.70	86.31	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	375	899	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	31,763	77,593	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	109,356	16.00
16.01	Total program charges (see instructions)(from contractor's records)		177,178	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		125	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		77	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.)		62,654	16.04
16.05	Total program cost (see instructions)	0	62,731	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		30,961	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		29,218	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		62,731	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		38,846	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		101,577	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	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)		101,577	26.00
26.01	Sequestration adjustment (see instructions)		1,178	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		62,355	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)		38,044	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 10/01/2019 To 09/30/2020 | Worksheet M-4 | Date/Time Prepared: 4/30/2021 12:48 pm

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)	774,005	774,005	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000333	0.012049	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	258	9,326	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,613	20,179	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	1,871	29,505	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	833,741	833,741	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	2,707,828	2,707,828	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.002244	0.035389	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	6,076	95,827	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	7,947	125,332	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	18	652	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	441.50	192.23	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	7	186	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	3,091	35,755	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)		133,279	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)		38,846	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 10/01/2019 To 09/30/2020	Worksheet M-5 Date/Time Prepared: 4/30/2021 12:48 pm
		RHC I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		59,393	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		09/11/2020	2,962	3.01
3.02			0	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)		2,962	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		62,355	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		38,044	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		100,399	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

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

COLQUITT REGIONAL MEDICAL CENTER

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:

COPY

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

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COLQUITT REGIONAL MEDICAL CENTER

2019 Community Health Needs Assessment

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The following assessment was researched and written by:

Draffin Tucker

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Colquitt Regional Medical Center with a functioning tool that satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). This CHNA not only meets the guidelines of the IRS, but provides strategic insight for resource development, clinical development, and regional hospital networking and collaboration.

The results of the CHNA will guide the development of Colquitt Regional Medical Center's community benefit programs and implementation strategies. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Colquitt County.

The assessment was facilitated by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and Colquitt County residents.

The following summary information is derived from data discussed in the related chapters of this report. Unless otherwise noted, the data sources are referenced in those related chapters.

About the Area

Colquitt County is located in southeast Georgia. The estimated population of Colquitt County in 2017 was 45,890. The city of Moultrie is the county seat of Colquitt County. Moultrie is home to Colquitt Regional Medical Center, which is a 99-bed not-for-profit hospital.

Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Colquitt County for 2013-2017, heart disease was the leading cause of death followed by cancer, chronic lower respiratory disease, accidents, and diabetes.

HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the first 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 has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing community health needs implementation strategies.

CANCER

The most prevalent types of cancer can usually be detected the earliest, due to known risk factors. Colquitt County had a lower cancer incidence rate compared to Georgia and to the U.S. Colquitt County's cancer death rate was higher than both the Georgia and U.S. rates. There may be a need for cancer prevention programming in Colquitt County due to the various modifiable risk factors such as smoking, poor diet, and lack of physical activity. Lung cancer had higher incidence rates in Colquitt County compared to the rates in Georgia and the U.S. Death rates due to lung cancer were higher in Colquitt County compared to Georgia and the U.S. Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease is commonly caused by cigarette smoking. Chronic lower respiratory disease was the third leading cause of death in Colquitt County. The chronic lower respiratory disease death rate in Colquitt County was higher than the rates in both Georgia and the U.S.

ACCIDENTS

Accident deaths are the result of motor vehicle accidents, firearm accidents, poisonings, natural/environmental mishaps, suffocations, falls, fire, or drowning. Accidents were the fourth leading cause of death in Colquitt County. The accident death rate was higher in Colquitt County than both the Georgia and U.S. rates.

DIABETES

The death rate from diabetes is higher in Colquitt County than the rates for Georgia and the U.S. The prevalence of obesity and of the lack of physical activity were higher in the county than for the state overall.

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The county's infant mortality rate was higher than Georgia during the period 2013-2017. The teen birth rate in Colquitt County was higher than the Georgia and U.S. rates. The teen birth rate among Hispanic and Black females was higher than White females in Colquitt County.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. Colquitt County schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, electronic vape, methamphetamine use, prescription drug, and marijuana use behaviors compared to Georgia.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. Colquitt County's rates for chlamydia were lower than the Georgia and U.S rates. Gonorrhea rates were lower than Georgia and the U.S rates. Chlamydia rates among Colquitt County Blacks were much higher compared to Whites and Hispanics. Gonorrhea rates were higher among Blacks compared to Whites and Hispanics. In Colquitt County, the human immunodeficiency virus (HIV) hospital discharge rate was higher compared to Georgia. The HIV discharge rate was highest among the Black population in Colquitt County.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Approximately 25.4 percent of Colquitt County's population was below the poverty level. Around 25.7 percent of Colquitt County's population was uninsured compared to Georgia's rate of 14.8 percent and U.S. at 10.5 percent.

Education also affects an individual's ability to access care. Approximately 80 percent of Colquitt County residents were high school graduates (4-year cohort rate) compared to Georgia residents at 82 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance.

Local infrastructure and public transit affect access to health care. Without a public transit system, many Colquitt County residents rely on friends and family members for transport. Medicaid transport is available for qualified patients that have Medicaid.

Community Health Indicator Report

A Community Health Indicator report (key findings) reflects the changes in the major health indicators of Colquitt County compared to the previous CHNA. The report compares health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

KEY FINDINGS							
	Colquitt		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	173.3	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	60.4	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	14.4	↓	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	14.7	↓	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	21.7	↓	21.6	↓	19	↓	21.8
Heart Disease Death Rates	210.2	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	52.7	↑	43.5	↑	37.1	↓	34.8
Accident Death Rates	68.3	↑	42.6	↑	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	72.2	↑	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	32.2	*	15.3	*	14.8	*	
Diabetes Death Rates	57.1	↑	21.8	•	21.2	*	
Infant Mortality Rate	9.1	↑	7.5	↑	5.7	*	6.0
MORBIDITY							
All Cancer Incidence	449.8	↓	454.6	↓	441.2	↓	
Breast Cancer Incidence	115.2	↑	125.2	↑	124.7	↑	
Lung Cancer Incidence	87.7	↑	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	51.6	↓	25.8	↓	20.3	↓	
Low Birth Weight	9.8%	↓	9.6%	•	8.2%	*	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	477.8	↑	623.7	↑	528.8	↑	
Gonorrhea Rates	165.8	↑	217.5	↑	171.9	↑	
Syphilis (Primary and Secondary)	4.8	↑	12.9	↑	*	*	
HIV	58.4	↓	17.7	↓	*	*	
ACCESS TO CARE							
Poverty Percentage All Ages	25.4%	↓	16.9%	↓	14.6%	↓	
Unemployment Percentage	3.6%	↓	3.8%	↓	3.8%	↓	
High School Graduation (graduation rate)	80.0%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	32.0%	↑	30.5%	•	39.8%	↑	30.5%
Lack of Physical Activity	33.0%	↑	23.6%	•	24.2%	*	32.6%
Adult Smokers %	21.0%	↓	17.4%	↓	16.8%	↓	12%

HP 2020-Healthy People 2020

LEGEND

- Worse than State and U.S.
- Better than U.S., worse than State
- Better than State, worse than U.S.
- Better than State and U.S.

↑	(Unfavorable trend) Rate/percentage increased since prior CHNA
▪	(Stable trend) Rate/percentage has not changed since prior CHNA
↓	(Favorable trend) Rate/percentage decreased since prior CHNA
*	Not reported in prior CHNA
•	Data is suppressed due to low number of cases
N/A	Data is non comparable to last CHNA
inc	Increased, but favorable trend to increase

Community and Hospital Prioritization of Needs

Information gathered from stakeholder interviews, community focus groups, discussions with the Hospital's leadership team, review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Health priorities were further developed by the CHNA Hospital Steering Committee (CHSC) after careful review of community resources available for these priorities and the future value of the priority. The following priorities were identified by the CHSC:

- Mental and Behavioral Health/Substance Abuse
- Access to Care/Transportation
- Lifestyle and Obesity
- Adolescent Health

These priorities will be further discussed in the hospital's Implementation Strategies report. The hospital will consider collaboration with other agencies identified in the CHNA Resource Listing.

NOTE: There were no written comments received related to the most recently conducted CHNA and Implementation Strategy for inclusion in this report.

APPROVAL

Colquitt Regional Medical Center's Board approved this community health needs assessment through a board vote on September 23, 2019.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS regulations provide detailed guidelines for conducting the CHNA process. As outlined below, the Hospital relied upon these regulations in conducting the assessment.

1. Forming the Hospital's Steering Committee

The hospital's Chief Executive Officer developed a hospital steering committee, referred to in this report as the CHNA Hospital Steering Committee (CHSC).

Jim Matney – President and CEO
Alana Anderson - Director, Maternal Infant Services
Matthew Clifton - Director, Pharmacy and Oncology Services
Whitney Costin - Director, Patient Satisfaction
Rita Gay - Director, Respiratory Services
Jessica Jordan, Compliance Officer and Internal Auditor
Robin Tillman - Joint Commission/Accreditation Coordinator
Emily Watson - Marketing Director
Shana Wertz - Asst. Vice President Home Care Services
Dena Zinker - Vice President and Chief Nursing Officer

Other members may serve on the CHSC as the committee's work progresses. Each meeting is guided by a written agenda, announced in advance, and minutes are recorded.

2. Defining the Community or Service Area

The CHSC selected a geographic service area definition. This definition was based upon the Hospital's primary service area in a manner that included the broad interests of the community served and included medically-underserved populations, low-income persons, minority groups, or those with chronic disease needs. Colquitt County was selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the Hospital to 1) assess the needs of the community, 2) review available community resources and 3) prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases, were included. The CHSC identified over 40 individuals to participate in the community focus groups and key stakeholder interviews including a representative from the local public health department.

4. Identifying and Engaging A Community Stakeholder

Community stakeholders (also called key informants) are people invested in or interested in the work of the hospital, people who have special knowledge of health issues, or are people important to the success of any hospital or health project or are formal or informal community leaders. The CHSC identified three stakeholders for interviews. The stakeholders were individuals who are active in serving the uninsured and underserved individuals in the community.

5. Community Health Profile

A Community Health Profile (Profile) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs of Colquitt County. The profile addressed:

- Access to preventive health services,
- Underlying causes of health problems, and
- Major chronic diseases of the population.

Quantitative data, such as health data from a variety of sources including vital records, health status data from a variety of state and national sources and hospital utilization data, comprised the data and indicators used for the Profile.

A Community Health Indicator Report (Key Findings) was also prepared by Draffin & Tucker, LLP to reflect the changes in the major health problems and health needs of Colquitt County compared to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

6. Community Input

A two-hour Community Health Input Meeting (community meeting) and a one-hour Community Stakeholder Interview (interview) were essential parts of the CHNA process. Two community meetings and three stakeholder interviews were conducted in order to obtain the community's input into the health needs of Colquitt County.

The community meetings were driven by an agenda planned in advance. Sign-in sheets and evaluations were also used. The Profile was shared with the participants at the meeting.

Participants were asked to provide their observations on the health data presented in the Profile. In addition, participants were requested to provide input as to needs that were not identified in the Profile. Questions and discussions were encouraged, with the objective that participants would increase their understanding of what the data means in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, health status, health behaviors, and access to healthcare. The group discussed the health problems or health issues and the facilitator made a list of the health problems the community participants indicated were important.

Priority issues were identified at the end of each discussion. These priorities did not reflect programs, services or approaches to resolving problems, but rather health issues to be addressed.

7. Hospital Prioritization of Needs

Information gathered from the community meeting, interview, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data were used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meeting and stakeholder interview. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. Using the Basic Priority Ranking methodology, the CHSC debated the merits or values of these priorities, considering the resources available to meet these needs. From this information and discussion, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.

8. Evaluation of Impact

An evaluation of impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA is identified throughout this report in the respective health topic sections and also in specified sections of this report. In the Executive Summary, a section titled "Community Health Indicator Report" provides a snapshot of some of the broad health indicators such as morbidity and mortality rates and if they have increased or decreased since the previous CHNA. Additionally, the report provides a more detailed evaluation of impact of the more specific health needs identified in the previous CHNA and the actions taken to address those needs in a section titled "Evaluation of Impact of Action Taken from Previous CHNA."

Description of Major Data Sources

Bureau of Labor and Statistics

The U.S. Bureau of Labor and Statistics manages a program called *Local Area Unemployment Statistics (LAUS). LAUS* produces monthly and annual employment, unemployment, and labor force data for census regions and divisions, states, counties, metropolitan areas, and many cities. This data provides key indicators of local economic conditions. For more information, go to www.bls.gov/lau

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based surveillance system, administered by the Georgia Department of Human Resources, Division of Public Health, and the Centers for Disease Control and Prevention (CDC). The data is collected in the form of a survey that is comprised of questions related to the knowledge, attitude, and health behaviors of the public. For more information, go to www.cdc.gov/brfss

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) publishes data that is collected by various surveillance and monitoring projects including:

- National Vital Statistics System: collects and disseminates vital statistics (births, deaths, marriages, and fetal deaths) For more information, go to www.cdc.gov/nchs/nvss.htm.
- National Health and Nutrition Examination Survey (NHANES): assesses the health and nutritional status of adults and children in the U.S. For more information, go to www.cdc.gov/nchs/nhanes.htm.
- Sexually Transmitted Disease Surveillance: collects and disseminates data derived from official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases (STDs) in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonococcal antimicrobial resistance, and national health care services surveys. For more information, go to www.cdc.gov/std/stats10/app-interpret.htm.

County Health Rankings

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings assess the overall health of nearly every county in all 50 states using a standard way to measure how healthy people are and how long they live. Rankings consider factors that affect people's health within four categories: health behavior, clinical care, social and economic factors and physical environment. Information is based on the latest publicly available data from sources such National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to www.countyhealthrankings.org.

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), as well as data related to the Georgia Comprehensive Cancer Registry, Hospital Discharge information, Emergency Room Visits data, Arboviral Surveillance, Risk Behavior Surveys, Youth Risk Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), sexually transmitted disease, and population data. For more information, go to http://oasis.state.ga.us.

Georgia Department of Education

The Georgia Department of Education collects and analyzes student health data through an annual survey. The Georgia Student Health Survey II (GSHS II) is an anonymous, statewide survey instrument developed by collaborations with the Georgia Department of Public Health and Georgia State University. The survey covers topics such as school climate and safety, graduation, school dropouts, alcohol and drug use, bullying and harassment, suicide, nutrition, sedentary behaviors, and teen driving laws. For more information, go to http://www.doe.k12.ga.us.

Healthy People 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. It identifies nearly 600 objectives with 1,200 measures to improve the health of all Americans. Healthy People 2020 uses a vast amount of data sources to publish its data. Some examples of these data sources include the National Vital Statistics System and the National Health Interview Survey. The data used is formed into objectives: measurable objectives and developmental objectives. Measurable objectives contain a data source and a national baseline value. Baseline data provide a point from which a 2020 target is set. Developmental objectives currently do not have national baseline data but do have abbreviated (or no) operational definitions. For more information, go to www.healthypeople.gov/2020.

Kids Count Data Center

Kids Count Data Center is managed and funded by the Annie E. Casey Foundation. This foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the U.S. The Kids Count Data Center receives data from a nationwide network of grantee projects. They collect data on and advocate for the well-being of children at the state and local levels. For more information, go to www.datacenter.kidscount.org.

National Cancer Institute

The National Cancer Institute manages an online tool called *State Cancer Profiles*. *State Cancer Profiles* provides access to interactive maps and graphs, cancer statistics at the national, state, and county level. This data can be further displayed by geographic regions, race/ethnicity, cancer site, age, and sex. For more information, go to www.statecancerprofiles.cancer.gov.

U.S. Census Bureau

The U.S. Census Bureau manages an online tool called the *American FactFinder*. *American FactFinder* provides quick access to data from the Decennial Census, American Community Survey, Puerto Rico Community Survey, Population Estimates Program, Economic Census, and Annual Economic Surveys. The data from these sources includes a wide variety of population, economic, geographic, and housing information at the city, county, and state level. For more information, go to www.factfinder.census.gov.

Definitions

Age-adjusted death rate - Rate of mortality in a population in which statistical procedures have been applied to permit fair comparisons across populations by removing the effect of differences such as age in the composition of various populations

NOTE: Age-adjusted rates are used in this report unless otherwise noted.

Incidence rate - Number of new cases of a disease, or other condition, in a population divided by the total population at risk over a time period, times a multiplier (e.g., 100,000)

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

Prevalence - Number of existing cases of a disease or health condition in a population at some specific time

Information Gaps and Process Challenges

The health data comes from a variety of sources and the sources collect data differently. In general, this CHNA compared published County-level data to both the published State and U.S. data whenever possible. Careful analysis of how the data was collected insured that comparability exists. If comparability is absent, the differences are noted.

This CHNA was designed to be comprehensive. It includes both quantitative and qualitative data from numerous sources. Although numerous health data is included in this report, it is not all inclusive and cannot measure all aspects of community health. Special populations such as undocumented residents, pregnant women, lesbian/gay/bisexual/transgender residents, and members of certain racial/ethnic or immigrant groups may not be specifically identifiable in the data. Some groups are too small to have reliable results. For this reason, small population groups and groups that are not represented in the quantitative data were included as part of the qualitative data collection. Many of the key stakeholder and community focus group meetings devoted time to focus on these population groups. There are some medical conditions that were not specifically addressed.

The community input sections of this report are composed of paraphrased comments provided by participants during focus group meetings and key stakeholder interviews. The comments represent the opinions of participants and may or may not be factual.

Evaluation of Impact of Actions Taken from Previous CHNA

Below are some of the activities the hospital has worked to achieve since the previous CHNA and Implementation Strategy.

Strategies:	Impact/Evaluation of these Activities/Strategies
1. Obesity and Lifestyle a. There is a need for specific education on how to purchase and cook healthy foods on a budget. b. There is a need for a worksite wellness programs to promote physical activity and good health. c. There is a need for more education and awareness on how to manage diabetes.	The committee recommends that education on purchasing and preparing healthy foods be supported in the community by the hospital but initiated in the schools, after school programs, and other community organizations. This is outside the realm of the hospital's capability. Colquitt Regional has a full-time health and wellness coach for its employees. Two years ago, the hospital and the county employees collaborated in a "walk across America" contest. The hospital also collaborates with other community organizations who sponsor health and wellness events through donations and participation of employees. The hospital, in partnership with the Colquitt Regional Sterling Group Surgeons, has become a certified bariatric center obtaining MBSAQIP Accreditation. Over the past three years, the staff has educated patients on healthy lifestyles and offered those who had struggled with severe obesity a viable option. The bariatric program is a complete lifestyle changing model that takes the patient from unhealthy habits through surgical procedures to enhance weight loss and education for healthy lifestyles after surgery. Over 450 patients have been through the program. Colquitt Regional Medical Center and its physician practices have contracted with the local County Government to provide medical services to county employees enrolled in the county's health insurance program. The Kirk Clinic provides medical care for these patients. They also provide the yearly physicals required for insurance and offer educational services as well such as smoking cessation. The Hospital has also contracted with the County Prison to provide medical care for the inmates. A Nurse practitioner is available at the jail to provide medical services as part of the agreement. The Kirk Clinic also provides medical services and educational programs for American Textile Employees through an affiliation agreement. The hospital also partners with the Ellenton Clinic and has a partnership with the Georgia Farm Worker Health Program who help migrant workers obtain medical care.

	The Education and Training Department at the hospital continues to offer diabetes support groups open to everyone in the community at no charge. The sessions include healthy diet and nutrition, diabetes self-management, and pre-diabetes detection. The programs are presented by the hospital staff as well as physicians from different specialties. During the past three years, over 500 people have been referred to these programs by physicians in the community. This information has also been presented at Health Fairs throughout the community. Classes are also provided to the Hispanic population in the community. Childbirth classes are provided monthly as well.
2. Substance Abuse a. There is a lack of a local drug screening facility that is available to all members of the community. b. There is a need for more education and awareness regarding how easily accessible drugs are by adolescents. c. There is a need for more education, awareness, and prevention of prescription drug abuse.	Colquitt Regional Medical Center and Turning Point Care Center have joined forces to help combat psychological and substance abuse patients who either come to the Emergency Department or are admitted to the hospital. Turning Point provides a trained professional to assess patients and, if needed, uses telemedicine to discuss with a doctor. By providing these services, patients will have more access to necessary care. Colquitt Regional Medical Center supports the school system, after school programs, and community organizations in many ways. The entire administrative staff, which includes 51 department leaders, must participate in at least 4 hours of community service each month. The variety of activities includes drug abuse awareness. The volunteer hours total over 3,000 hours per year. Student education must remain in the school system and in after school activities. The hospital physicians must now participate in an opioid education program before renewing their DEA licenses. This is mandated by law, but the Colquitt Regional Physicians began practicing this before it became law. Prescription drug monitoring is performed by the clinics prior to prescribing potentially addictive drugs.
3. Access to Care – Specialists a. There is a need for more mental health providers, especially psychologists and psychiatrists.	Colquitt Regional Medical Center and Turning Point Care Facility have a contracted to provide needed psychological care to citizens in Colquitt County. A nurse practitioner from Turning Point has been placed in Colquitt Regional Medical Center's Emergency Department to assess patients believed to suffer from psychological issues. These patients may then be referred to community resources for guidance once discharged from the Emergency Department. This is

	also done on the Inpatient side for those patients who the hospitalists feel may need a psychological assessment. The Georgia South Residency Program at Colquitt Regional Medical Center has also just been awarded a grant to develop a psychiatry residency program. This is a direct result of the limited access to psychiatric care in rural South Georgia.
4. Access to Care – Transportation and Prevention a. There is a need for more reliable, affordable, and convenient transportation. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. b. There is a need for free or low-cost care options for the working poor, uninsured, or underinsured. c. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.	Public transportation in Moultrie is almost non-existent. Colquitt Regional Medical Care provides non-emergency transport for patients needing transportation for health care. This service is not covered by Medicare, however, and is on a self-pay basis which limits use by some elderly citizens. Medicaid will however cover this service and Colquitt Regional has contracted with Logisticare to broker this service for DCH. Colquitt Regional will continue to encourage the Moultrie city and Colquitt County governmental officials to pursue public transportation for all citizens at an economical cost. Colquitt Regional Medical Center is designated as a charity care hospital and provides indigent and charity care to all who apply and meet the indigent care policy guidelines. During the past three years, the Hospital has provided free or reduced cost healthcare to over 10,000 patients at a cost to the hospital of over 15 million dollars. The hospital has two full-time financial counselors to assist patients with applications. Colquitt Regional Medical Center has developed a medical resource guide for Colquitt County. A collaboration between members of the CHNA panel and the hospital have combined forces to develop a comprehensive resource directory which includes not only healthcare facilities, but also other community resources to assist individuals who are in need of specific items. The resource guide will be made available to the public both in printed format and on the hospital's website.

ABOUT COLQUITT COUNTY

Colquitt County is in southwest Georgia. Colquitt County has a total land area of 507 square miles.[1] According to the U.S. Census, in 2017 the population of the county was estimated at 45,890 residents.[2] Colquitt Regional Medical Center is the only hospital in the county and has many ancillary service facilities that serve the community. The main hospital is in the city of Moultrie.



City/Town/Village	Population
Colquitt County	45,890 (2017)
Moultrie	14,221 (2017)
Berlin	545 (2017)
Doerun	605 (2017)
Ellenton	123 (2017)
Funston	656 (2017)
Norman Park	1,014 (2017)
Riverside Town	35 (2010)

Data Source: U.S. Census Bureau: State and County QuickFacts.

Colquitt County includes the cities of Moultrie, Berlin, Doerun, Ellenton, Funston, and Norman Park, as well as the town of Riverside. The city of Moultrie is the county seat and most populous city at 14,221 residents. The population distribution among rural and urban areas is 41.1 percent urban and 58.9 percent rural. Nearly 3.3 percent of Colquitt County's land area is urban while 96.7 percent is rural.[3] Colquitt County is known for its agriculture and historic landmarks. It is home to the Sunbelt Agriculture Exposition which is the largest farm show in America.[4]

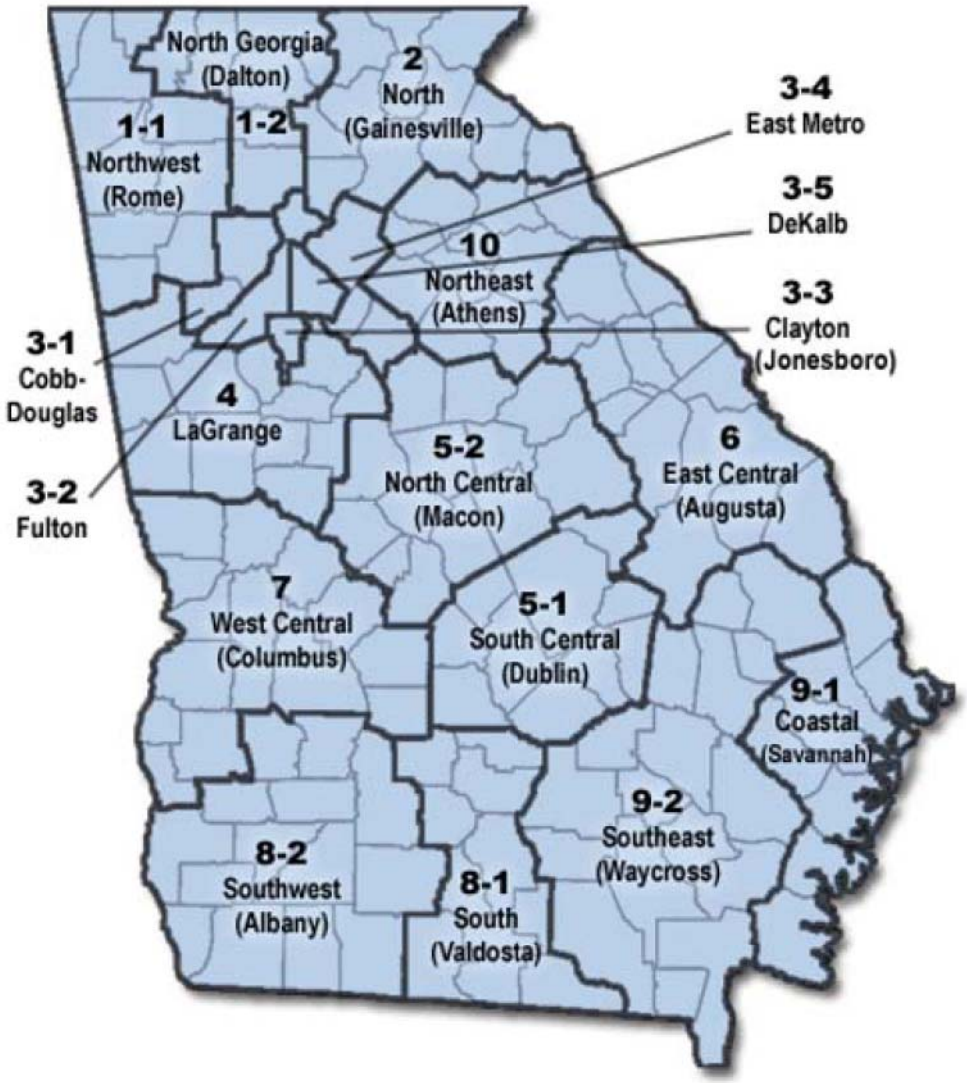
Colquitt County contains eight quail hunting preserves and is also a popular location for hunting bobwhite quail, wild turkey, deer, and dove.[5] Colquitt County is an agriculturally rich county that produces cattle feed, cotton, peanuts, sugar cane, watermelon, corn, wheat, and other grains.[6] Colquitt County's primary industries include manufacturing, healthcare and social assistance, as well as, retail trade.[7]



Image Source: Google Maps

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Colquitt County is located in district 8-2 which is also referred to as 8-2 Southwest (Albany). This district includes the following counties: Colquitt, Thomas, Grady, Decatur, Seminole, Miller, Early, Baker, Mitchell, Calhoun, Dougherty, Worth, Lee, and Terrell.

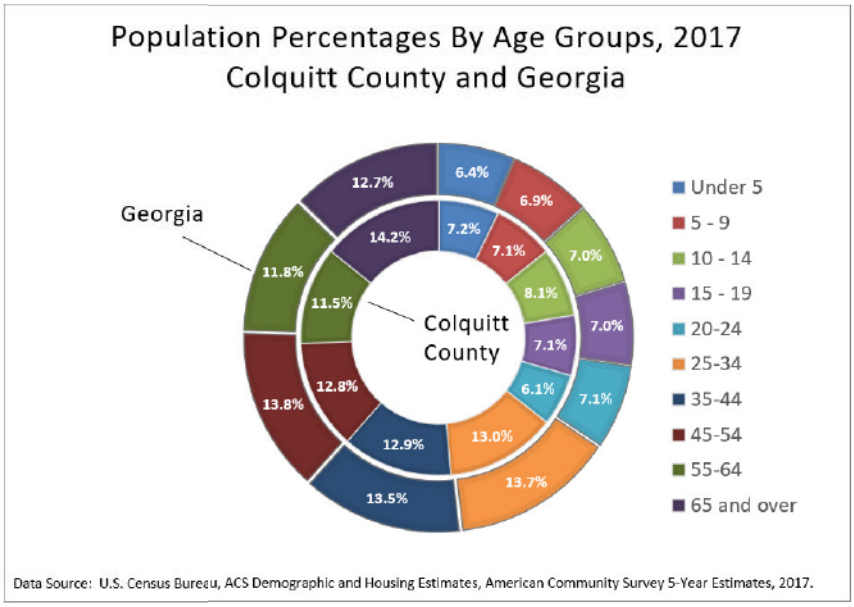


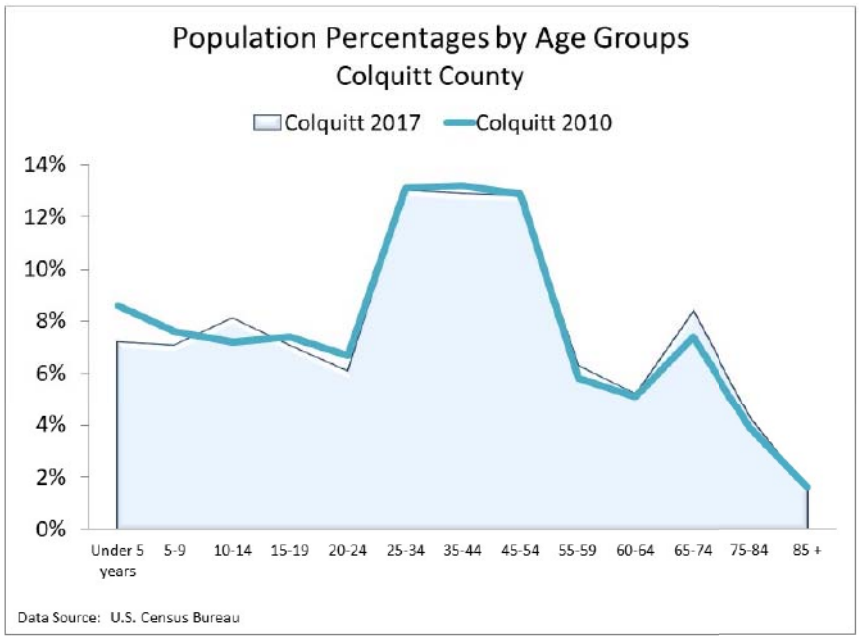
Source: Georgia Department of Public Health

Population Profile

A community's health status is reflective of its population characteristics. Generally, the more aged the population, the greater its health needs. This group is more likely to develop chronic medical conditions requiring care.

According to the 2017 U.S. Census data, 14.2 percent of Colquitt County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S. [8]





Comparing Colquitt County's population percentage by age groups from 2010 to 2017, it is noted that the age composition is changing.

Age categories with decreases:

- Under 5
- 5-9
- 15-19
- 20-24
- 25-34
- 35-44
- 45-54
- 85+

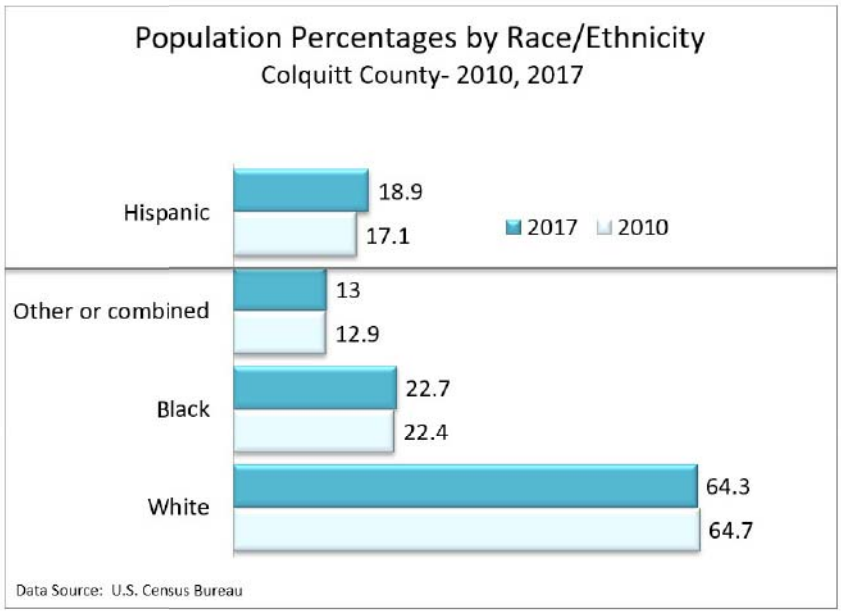
Age categories with increases

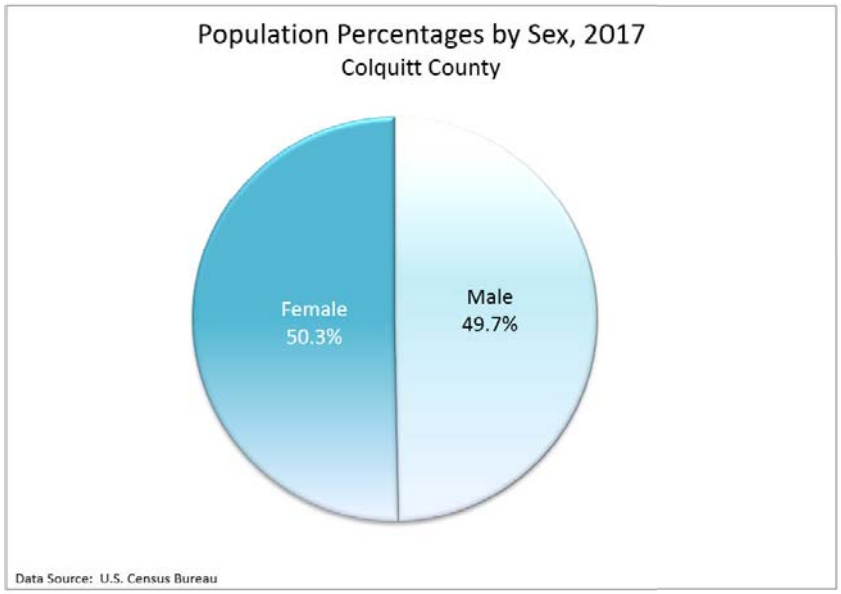
- 10-14
- 55-59
- 60-64
- 65-74
- 75-84

Race, Ethnicity and Origin Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.[9] Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates.[10] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[11]

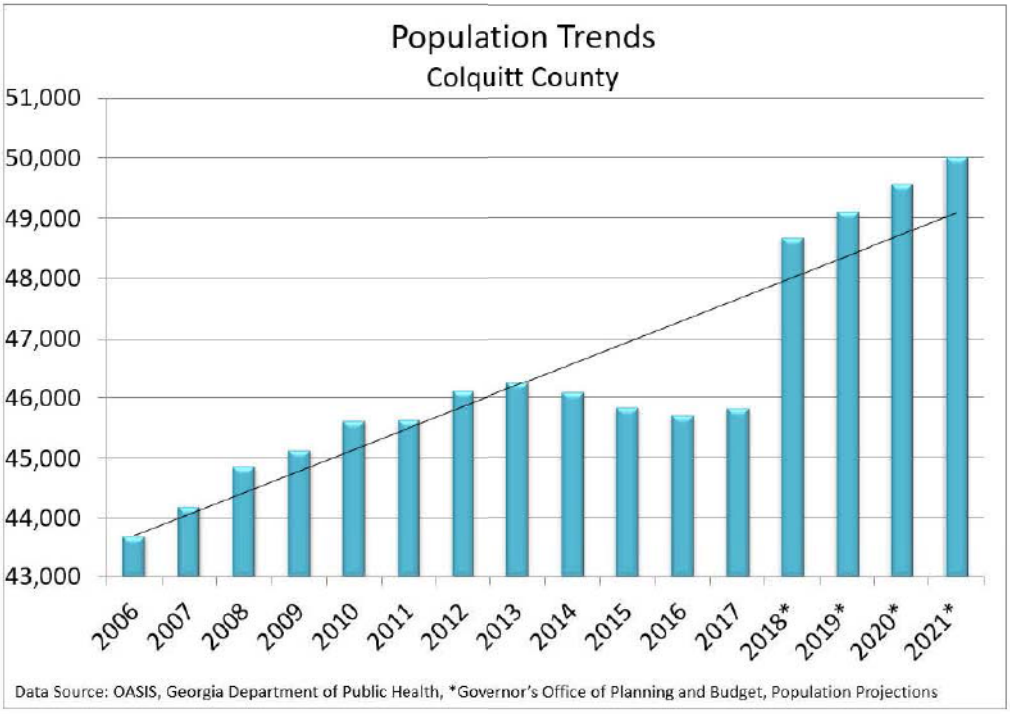
According to 2017 U.S. Census data, Colquitt County's population was 64.3 percent White, 22.7 percent Black, 13 percent Other or Combined, and 18.9 percent Hispanic.





The percentage of females in Colquitt County was higher at 50.3 percent compared to males at 49.7 percent.

In 2017, Colquitt County's resident population was 45,835. The population is predicted to increase to 50,010 in 2021.[12]



COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

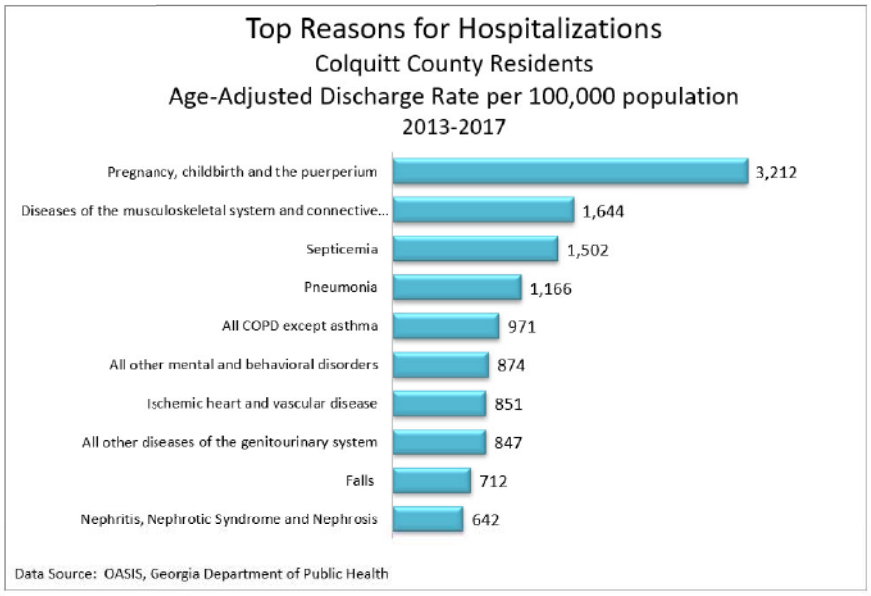
About the Community

- When Hurricane Michael came through there was major devastation in all the District 8-2 counties.
- Hurricane Michael hit Miller and Seminole counties worse than other areas. Colquitt County was spared compared to other areas.
- The newest businesses and organizations that have opened in the last three years are Publix and Philadelphia College of Osteopathic Medicine South Georgia.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Colquitt County residents was related to pregnancy and childbirth. Other top causes were related to diseases of the musculoskeletal system, septicemia, pneumonia, COPD, mental and behavioral disorder, and heart disease. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked second among the leading causes of death for Colquitt County residents.



Common Ambulatory Care Sensitive Conditions
Asthma – (Respiratory)
Chronic Obstructive Pulmonary Disease – (Respiratory)
Congestive Heart Failure – (Circulatory)
Dehydration
Diabetes – (Endocrine)
High Blood Pressure – (Circulatory)
Pneumonia – (Respiratory)

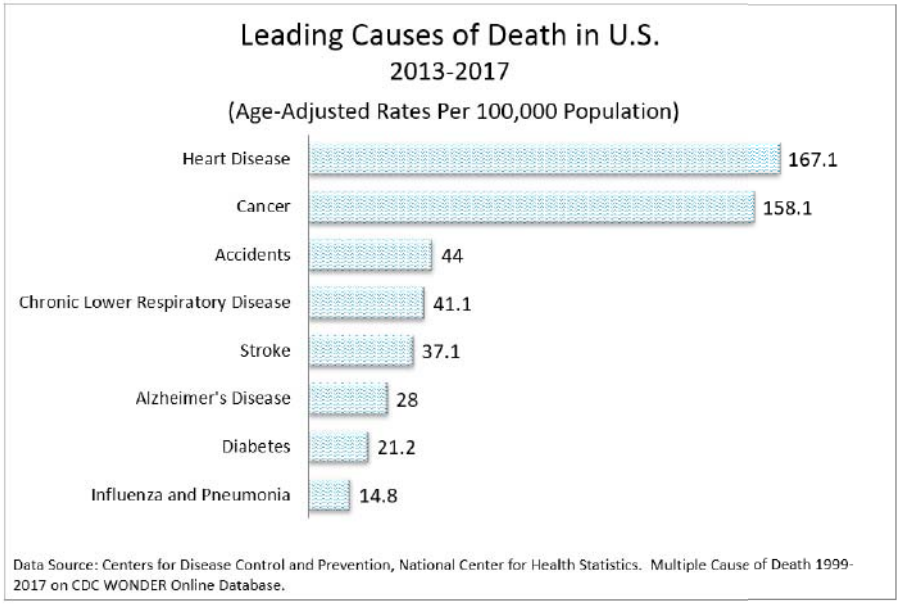
Many of the top reasons for inpatient hospitalizations by discharge rate are related to "Common Ambulatory Care Sensitive Conditions". These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

The top 15 causes of emergency room visits by Colquitt County residents are included in the chart to the right. According to hospital staff, many of these visits are considered as non-emergency conditions. The report section, *Access to Care,* will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Colquitt County Residents (Any Hospital) 2013-2017 Age-Adjusted ER Visit Rate	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	Falls
4	All other diseases of the genitourinary system
5	All COPD Except Asthma
6	Motor vehicle crashes
7	All other diseases of the nervous system
8	All other mental and behavioral disorders
9	Pregnancy, childbirth and the puerperium
10	Influenza
11	Essential (primary) hypertension and hypertensive renal, and heart disease
12	Pneumonia
13	Asthma
14	All other endocrine, nutritional and metabolic diseases
15	Diabetes mellitus
Data Source: OASIS, Georgia Department of Public Health	

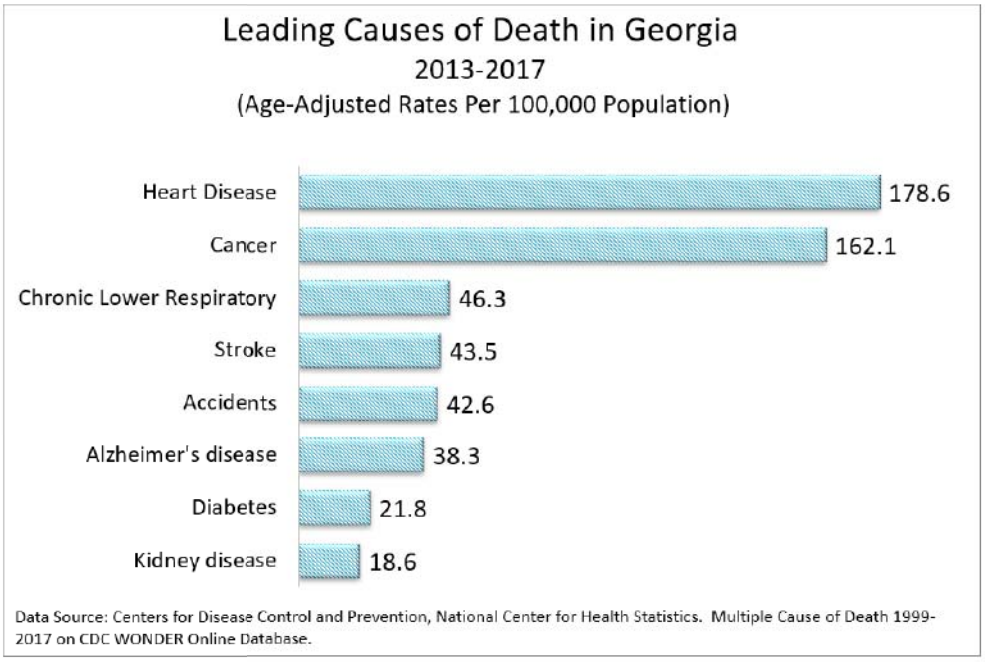
Leading Causes of Death

The National Center for Health Statistics (NCHS) uses a method referred to as the NCHS ranking method. The leading causes of death rates were calculated using the NCHS ranking method.

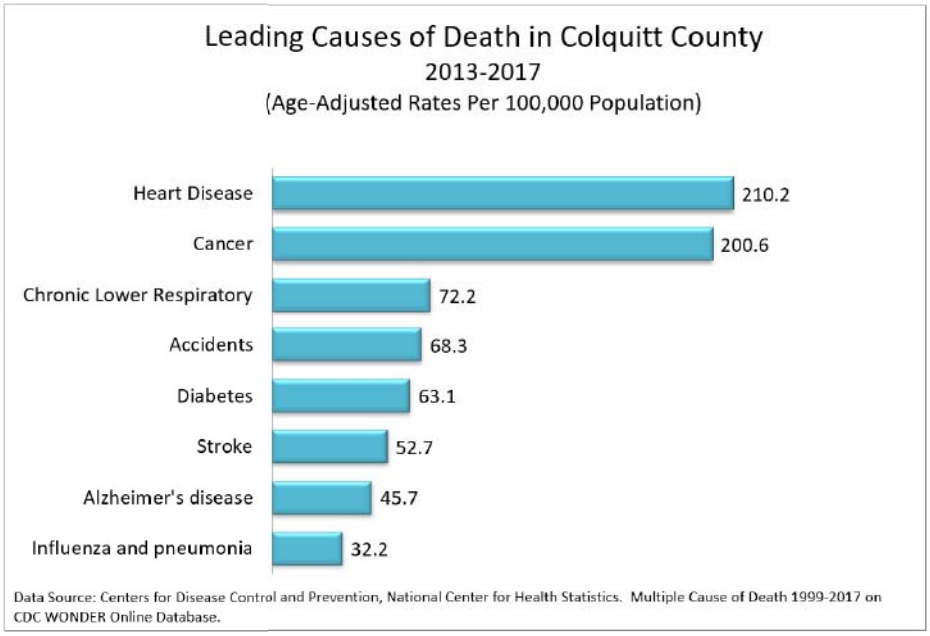


The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

The five leading causes of death in Georgia from 2013-2017 were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents.

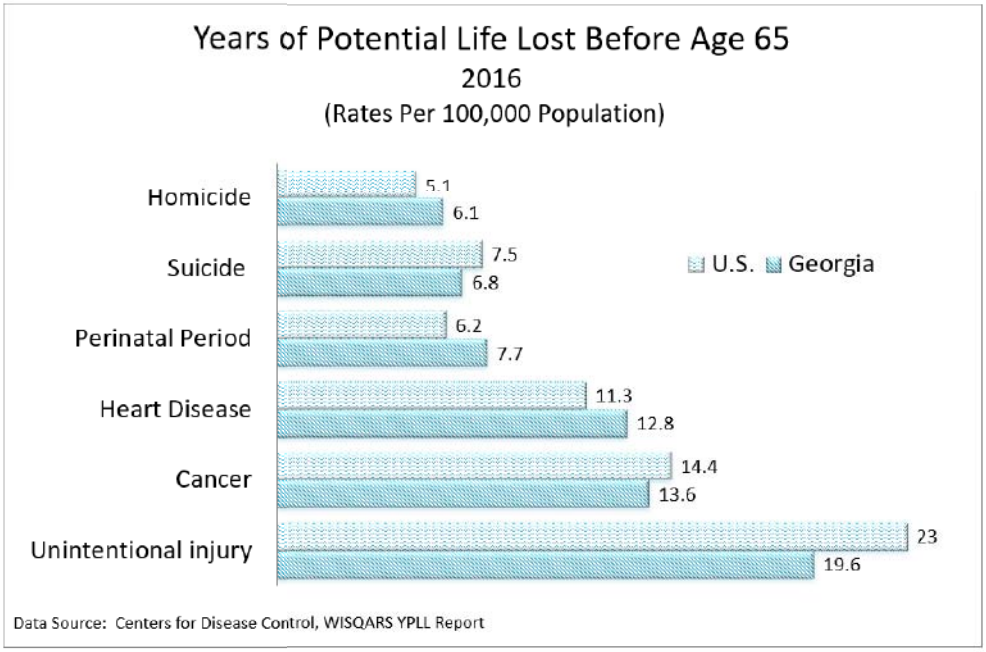


The five leading causes of death in Colquitt County were heart disease, cancer, chronic lower respiratory disease, accidents, and diabetes.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2016, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.[13] YPLL statistics at the County level were unavailable for this report.



Years Potential Life Lost – Georgia Residents–by Sex and Race/Ethnicity Before Age 65 2013-2016					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 24.7%	Cancer 19.9%	Unintentional injuries 14.8%	Cancer 16.7%	Unintentional injuries 27.5%	Perinatal period 21.2%
Heart disease 14.8%	Unintentional injuries 19.6%	Heart disease 14.0%	Perinatal period 13.2%	Perinatal period 12.6%	Cancer 15.2%
Cancer 13.8%	Heart disease 10.8%	Homicide 13.8%	Heart disease 12.8%	Suicide 8.5%	Congenital Anomalies 13.4%
Data Source: Centers for Disease Control, WISQARS YPLL Report					

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

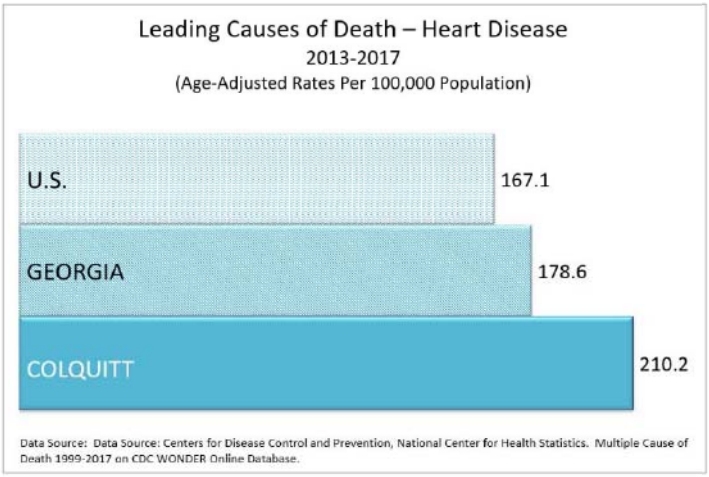
HEART DISEASE

According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer and chronic lower respiratory disease combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. In 2016, heart disease killed over 360,000 Americans or 13 percent of the deaths in the U.S.[14]

Why Are Heart Disease and Stroke Important?

Currently more than 1 in 3 adults (85.6 million) live with 1 or more types of cardiovascular disease. In addition to being the first and fifth leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

Healthy People 2020

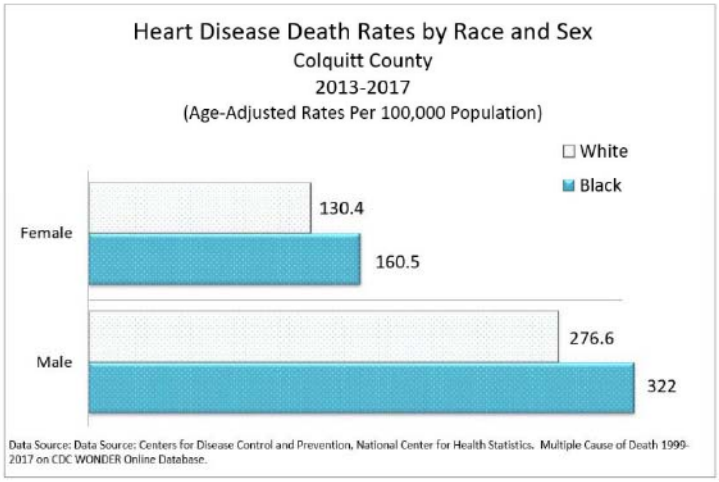


For the period 2013-2017 the Colquitt County heart disease death rate (210.2 per 100,000 population), was higher than Georgia and the U.S.

The heart disease rates from the 2016 CHNA and the current CHNA are not comparable due to the methods the heart disease death rates were calculated. The 2016 data used a different methodology for grouping ICD-10 codes.

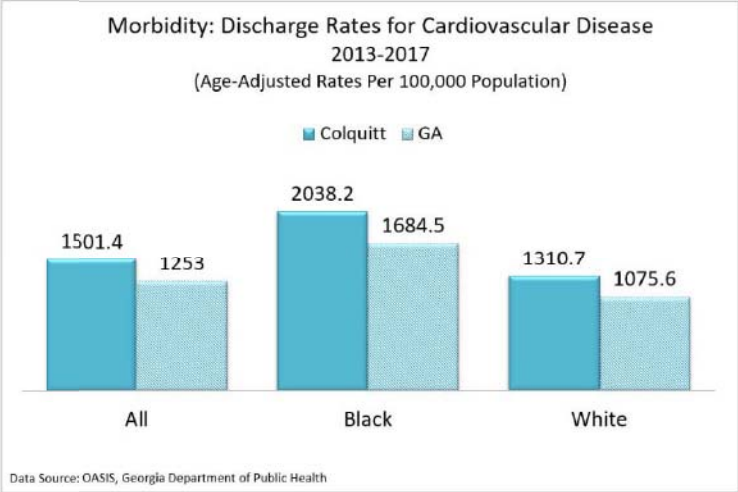
The age-adjusted death rate from heart disease in Colquitt County was highest among the Black male population.

Deaths rates for Hispanics were suppressed due to low number of cases.



The hospital discharge rate for cardiovascular disease was higher in Colquitt County compared to Georgia. The hospital discharge rate among Blacks in Colquitt County was higher compared to other population groups.

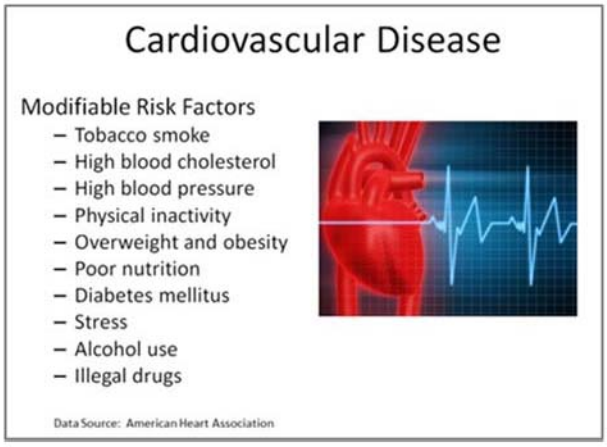
The discharge rate for Hispanics was not available for this report.



MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 8-2.[15]

Percentage of Population Reporting Risk 2014		
Risk Factor:	**District 8-2**	**Georgia**
Obesity	35.3	30.5
Overweight	36.1	35.2
Physical Inactivity	36.8	23.6
Smoking	20.6	17.4
Diabetes	17.6	11.6
Data Source: OASIS, Georgia Department of Public Health		



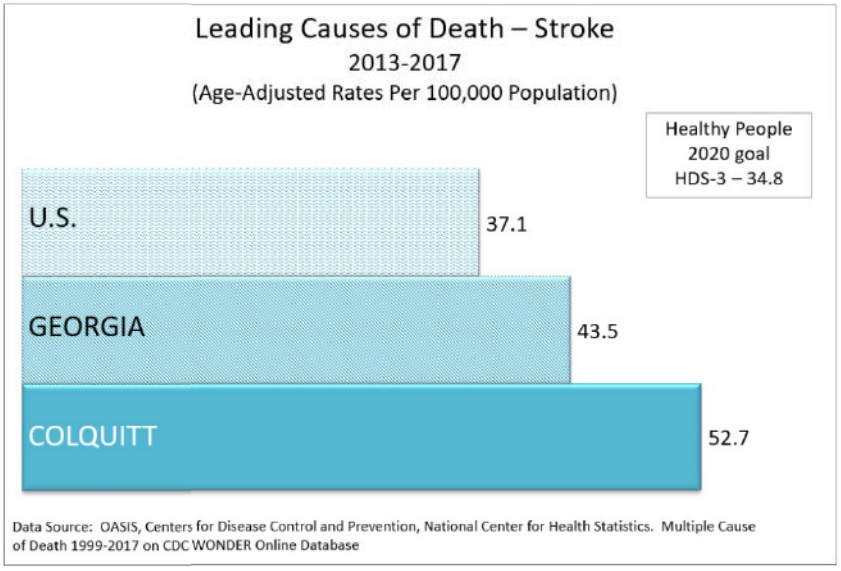
STROKE

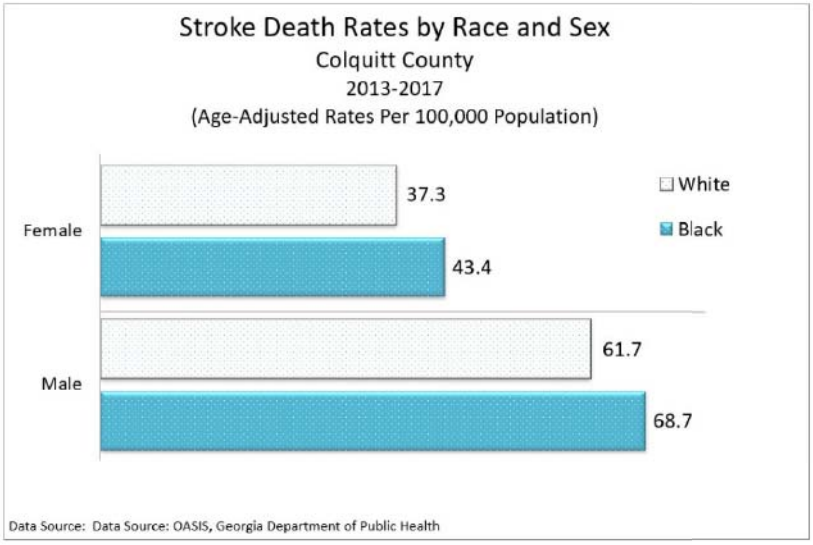
For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and Colquitt County, and the fourth leading cause of death in Georgia.[16]

The stroke death rate in Colquitt County was higher than Georgia and the U.S.

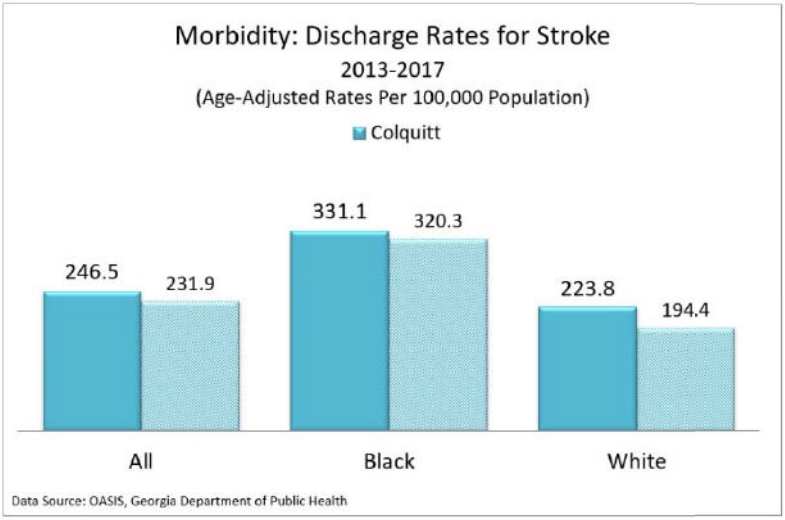
Colquitt County's stroke death rate has increased since the 2016 CHNA (42.8 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population. [17]





The Colquitt County stroke death rates were highest among Black males. Overall, males had higher stroke death rates compared to females.



The discharge rate for stroke among Colquitt County residents was higher than the Georgia rate.

There has been a decrease in the stroke discharge rate since the 2016 CHNA (271.8 per 100,000 population).

Modifiable risk factors for stroke are very similar to those for heart disease.

Common warning signs for stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause [18]

Stroke

Modifiable risk factors

- High blood pressure
- Smoking
- Heart disease
- Diabetes
- High cholesterol
- Heavy alcohol usage
- Overweight or obesity



Data Source: *Diseases and Conditions*, Cleveland Clinic, 2011

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

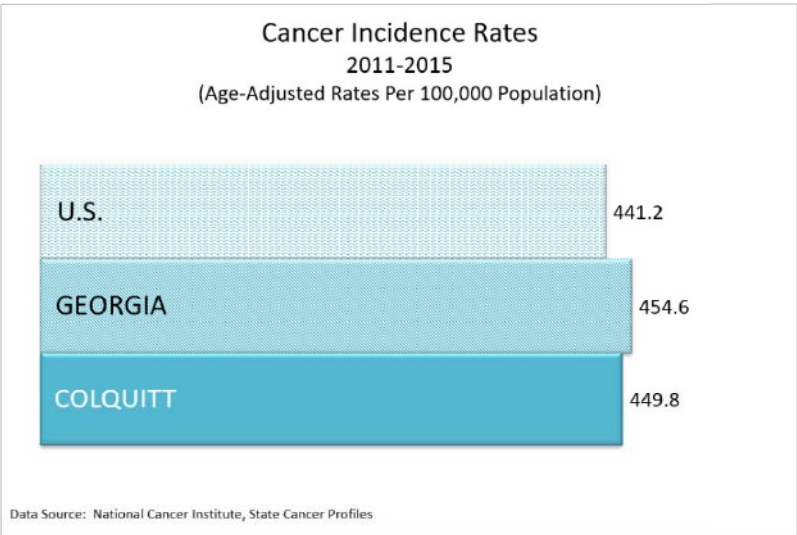
Heart Disease and Stroke

- Cardiology seems to be the biggest issue regarding high death rates. It goes back to diet and exercise which will take care of a lot of health issues.
- The heart disease, stroke, and cancer death rates were so much higher among the Black male population.
- Hypertension and diabetes interventions can make the biggest impact on the health of the community.

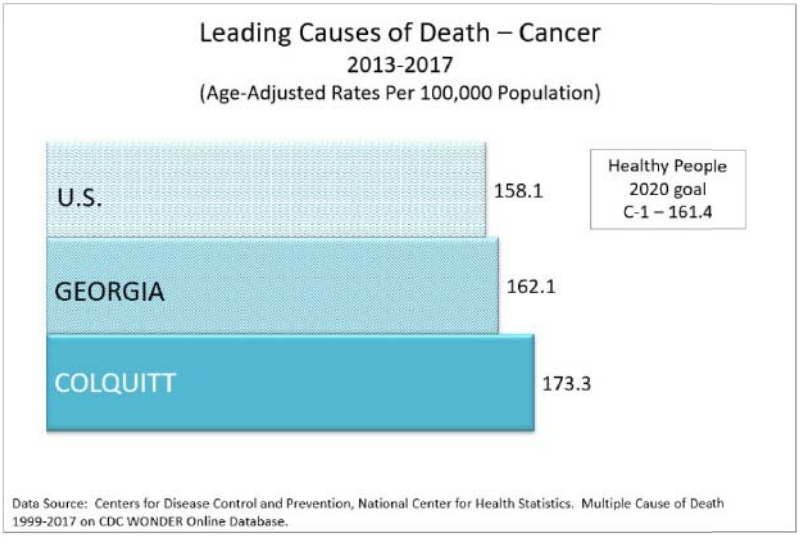
Cancer

HEALTHY PEOPLE 2020 REFERENCE – C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,600 people a day died of cancer in the U.S. in 2015.[19] The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.[20]



In Colquitt County, the cancer incidence rate was lower than Georgia, but higher than the U.S. The cancer incidence rate has decreased since the 2016 CHNA (463.3 per 100,000 population).



Why Is Cancer Important?

Many cancers are preventable by reducing risk factors such as:

- *Use of tobacco products*
- *Physical inactivity and poor nutrition*
- *Obesity*
- *Ultraviolet light exposure*

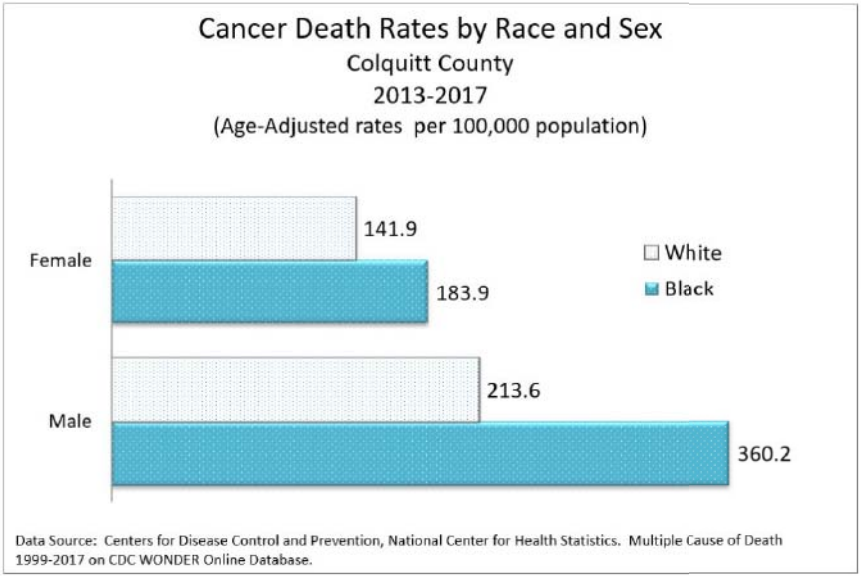
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

- *Breast cancer (using mammography)*
- *Cervical cancer (using Pap tests)*
- *Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)*

Healthy People 2020

In Colquitt County, the cancer death rate was higher than Georgia and the U.S.

The cancer death rate has decreased since the 2016 CHNA (181.1 per 100,000 population).



Age-adjusted cancer death rates in Colquitt County were highest among males overall. The Black male population had the highest cancer death rate (360.2 per 100,000 population) out of all the population groups.

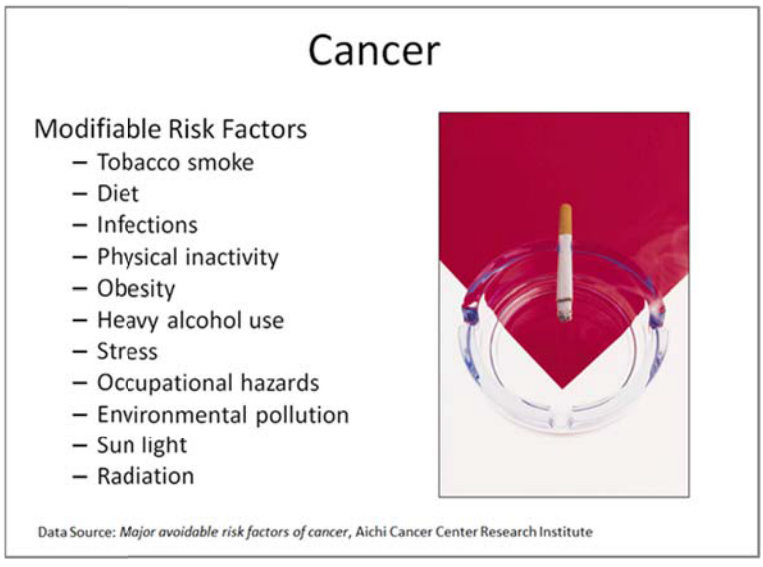
The cancer death rate among Black males has increased since the 2016 CHNA (193.9 per 100,000 population).

The Hispanic death rates (not pictured) in Colquitt County were significantly lower than the other population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.[21]

Factors that significantly contribute to the cause of death are termed "actual causes of death." Identification of actual causes can help the community to implement plans and actions to prevent the disease. Risk factors that can be modified by intervention and can reduce the likelihood of a disease are known as "modifiable risk factors."

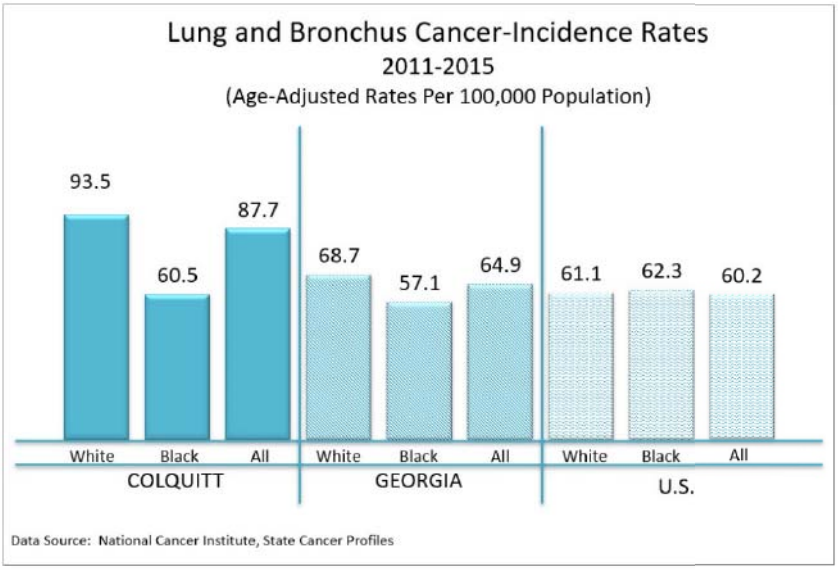
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

According to the American Lung Association, lung cancer accounts for 25 percent of all cancer deaths.[22] It accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (26 percent) and women (25 percent). More women die from lung cancer (25 percent) than breast cancer (14 percent).[23]



The lung cancer incidence rate was higher in Colquitt County (87.7 per 100,000 population) compared to Georgia and the U.S. Whites had a higher lung cancer incidence rate compared to Blacks in Colquitt County.

The lung cancer incidence rate has increased since the 2016 CHNA (86.3 per 100,000 population).

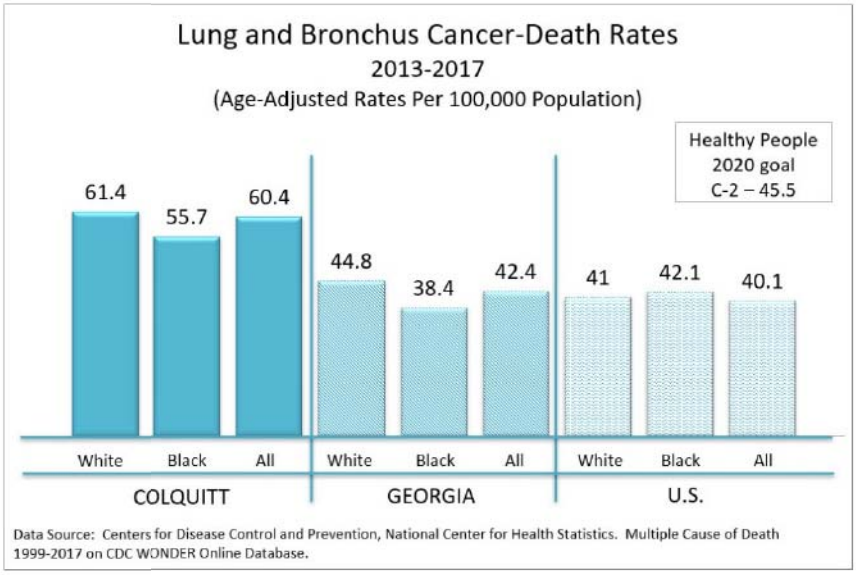
Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015		
	Male	Female
Colquitt	111.5	70.0

Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.[24] According to data published from the National Cancer Institute, lung cancer incidence rates among males in Colquitt County were higher than the rates of females.[25]

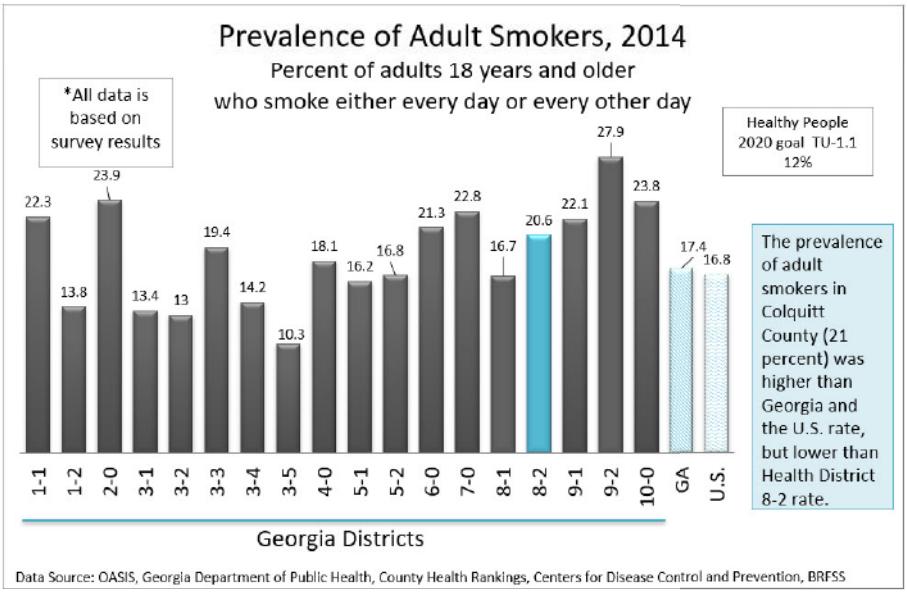
The overall lung cancer death rate in Colquitt County (60.4 per 100,000 population) was higher than Georgia and the U.S.

The lung cancer death rate has decreased since the 2016 CHNA (61.8 per 100,000 population).



RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.[26]

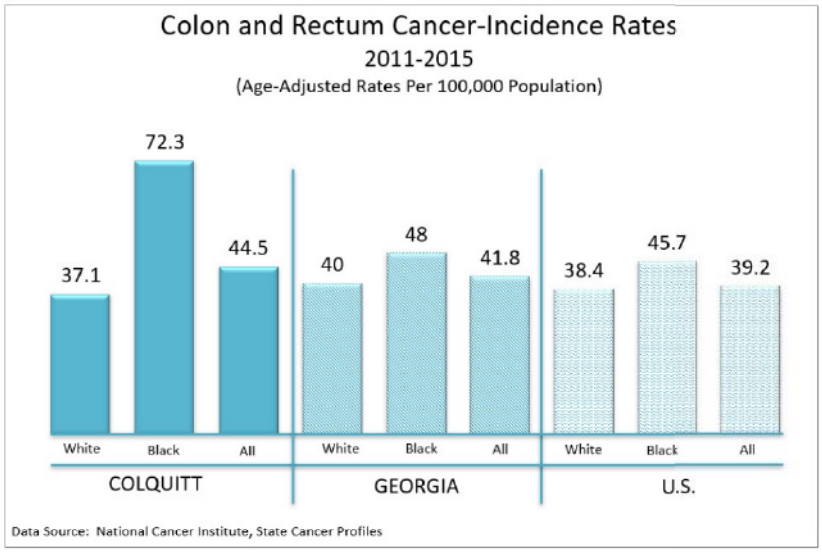


The smoking prevalence in Health District 8-2 (20.6 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Colquitt County's rate was 21 percent.

The smoking prevalence rate has decreased in Colquitt County since the 2016 CHNA (24 percent).

Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.[27] Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[28] Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 40 percent higher mortality rate than Whites.[29]

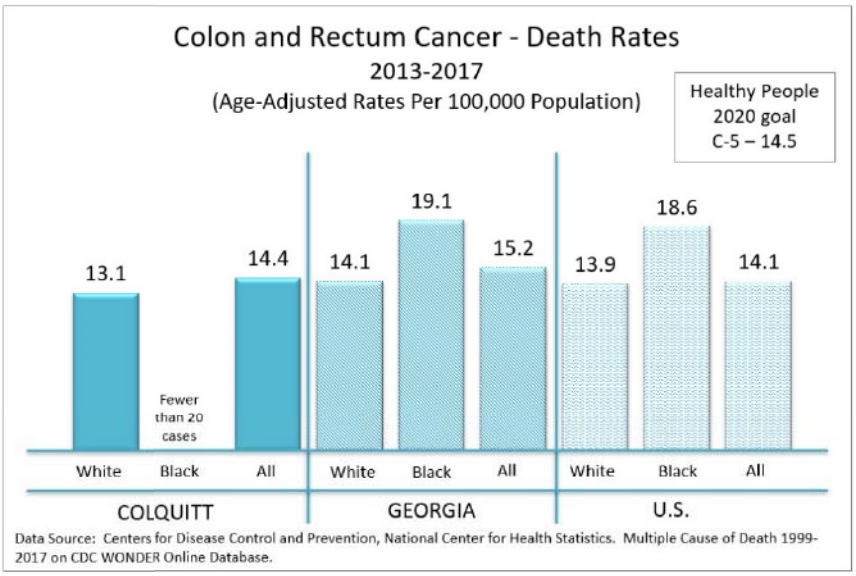


Colquitt County's colon and rectum cancer incidence rate (44.5 per 100,000 population) was higher than Georgia and the U.S.

The colon and rectum cancer incidence rate increased since the 2016 CHNA (40.8 per 100,000 population).

The death rate in Colquitt County from colon and rectum cancer was lower than Georgia and slightly higher than the U.S.

The colon and rectum cancer death rate remained stable since the 2016 CHNA (14.6 per 100,000 population).



RISK FACTORS

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 90 percent of new cases are diagnosed in individuals age 50 and older. Modifiable risk factors include:

- Overweight and obesity
- Physical inactivity
- Moderate to heavy alcohol consumption
- High consumption of red or processed meat
- Long-term smoking
- Low calcium intake
- Very low intake of whole-grain fiber, fruit, and vegetables[30]

EARLY DETECTION

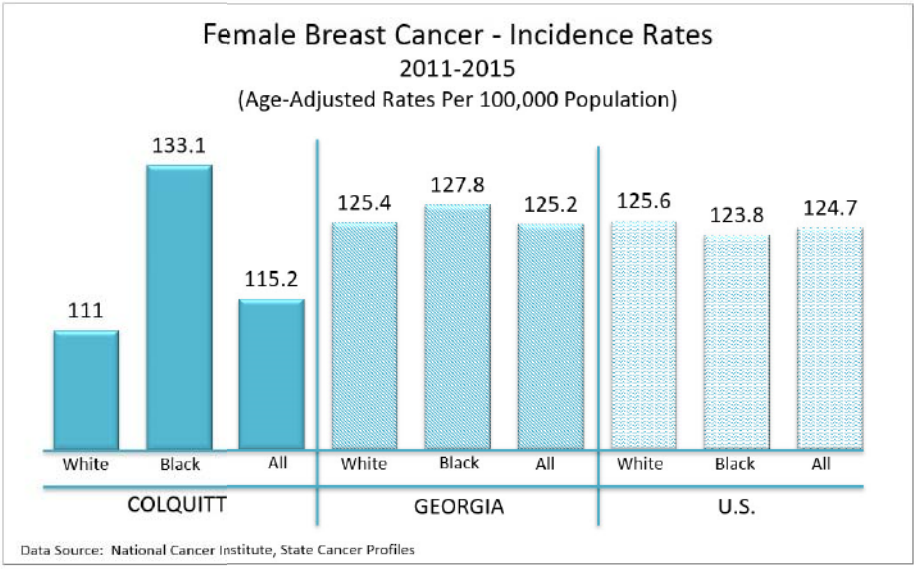
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[31] The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.[32]

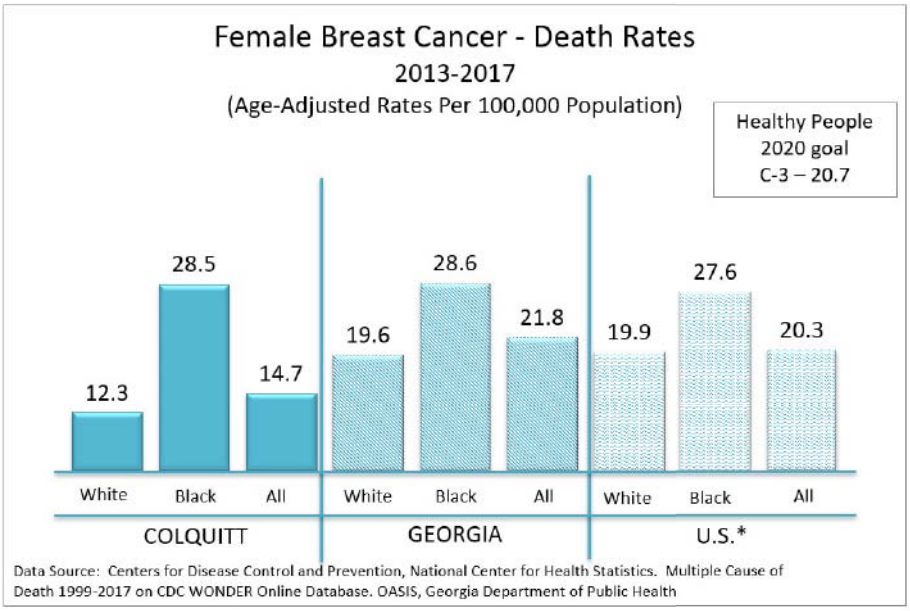
Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 30 percent of new cancer cases and 14 percent of cancer deaths among women.[33]

The breast cancer incidence rate in Colquitt County (115.2 per 100,000 population) was lower than Georgia and the U.S.

There has been an increase in the incidence of breast cancer since the 2016 CHNA (112.8 per 100,000 population).





The female breast cancer death rate in Colquitt County (14.7 per 100,000 population) was lower than Georgia and the U.S.

Black females had the highest death rates in Colquitt County.

There has been a decrease in the death rate of breast cancer since the 2016 CHNA (21.5 per 100,000 population); however, the decrease is more apparent in the White population and has increased in the Black population.

RISK FACTORS

Age is the most important risk factor for breast cancer. Risk is also increased by a personal or family history of breast cancer. Potentially modifiable risk factors include:

- Weight gain after age 18
- Being overweight or obese
- Use of hormones
- Physical inactivity
- Consumption of one or more alcoholic drinks per day
- Long-term heavy smoking[34]

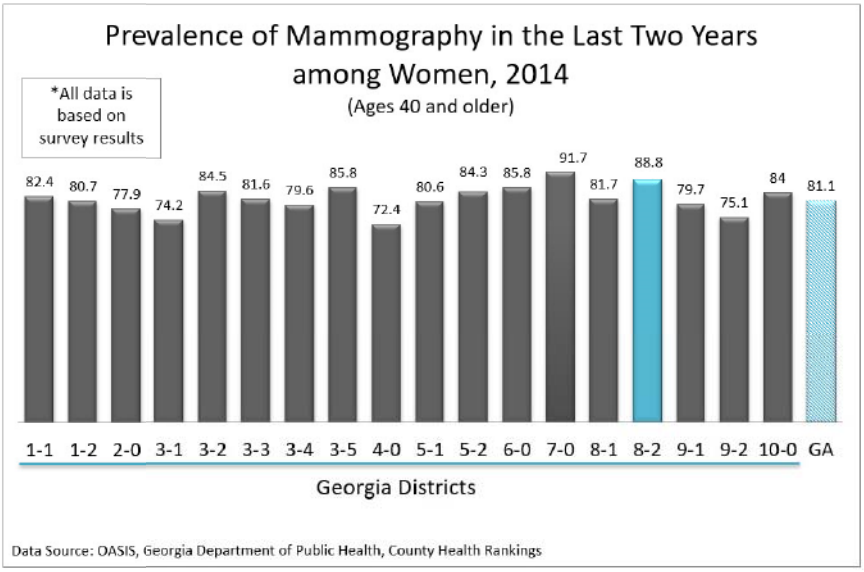
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[35]

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.[36]

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 8-2 (88.8 percent) than the Georgia average (81.1 percent). The prevalence of mammography screening has increased since the 2016 CHNA (78.4 percent).



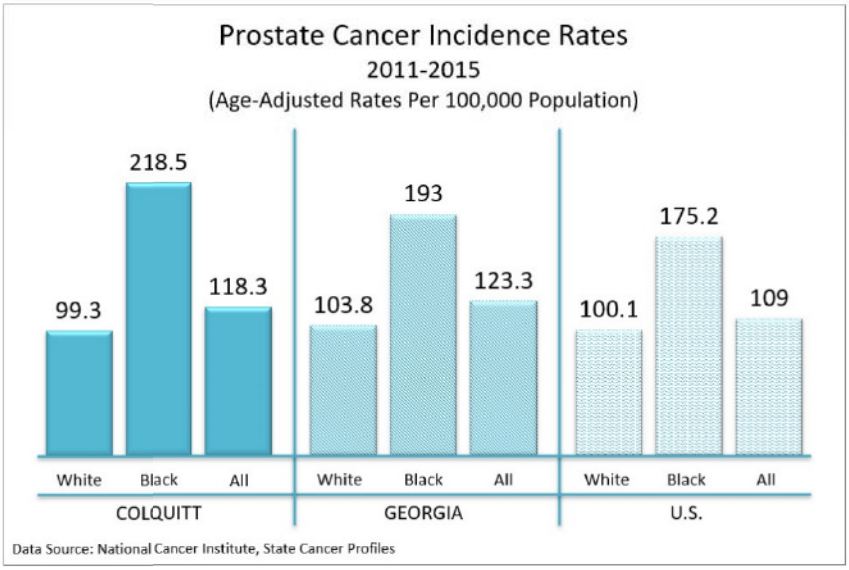
Prostate Cancer

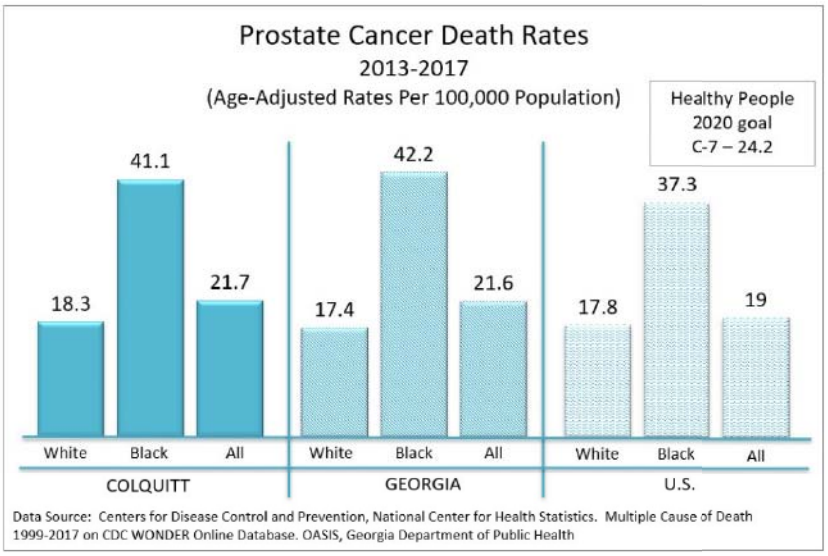
Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.[37]

Colquitt County had a lower incidence rate for prostate cancer (118.3 per 100,000 population) than Georgia, but higher than the U.S.

Incidence rates were highest among Blacks in Colquitt County, Georgia, and the U.S.

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (142.3 per 100,000 population).





Colquitt County had a higher prostate cancer death rate (21.7 per 100,000 population) compared to Georgia and the U.S.

There is a disparity of prostate cancer deaths among Blacks in Colquitt County, Georgia, and the U.S. compared to Whites.

There has been a decrease in the prostate cancer death rate since the 2016 CHNA (25.1 per 100,000 population).

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[38]

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.[39]

COMMUNITY INPUT

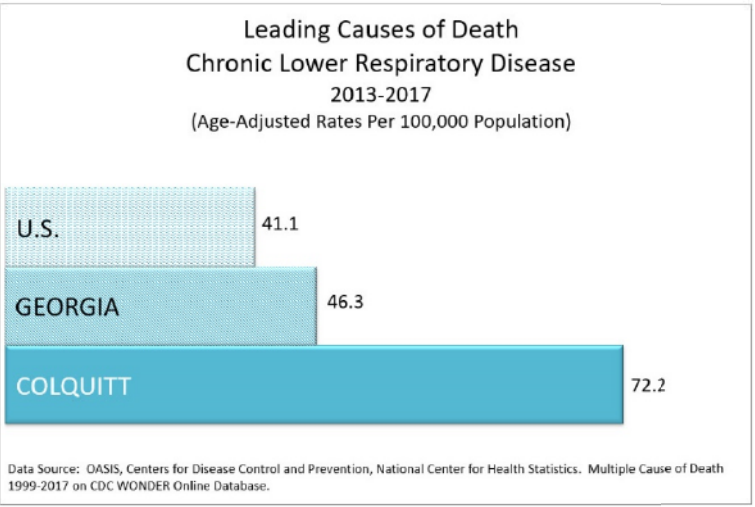
The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Cancer

- There is a new cancer center at the hospital.
- Will cancer incidence rates increase due to more cases being detected as a result of the new cancer center?
- Will the cancer death rates decrease with the increase of cancer detection?
- We need to look at the root causes of cancer like smoking behaviors.
- Chemical and biological exposures may need to be investigated among the agricultural workers. Exposures 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 screenings that are free.

Chronic Lower Respiratory Disease

Chronic lower respiratory diseases affect the lungs. The deadliest of these diseases is chronic obstructive pulmonary disease, or COPD. COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory disease include asthma and acute lower respiratory infections.[40]



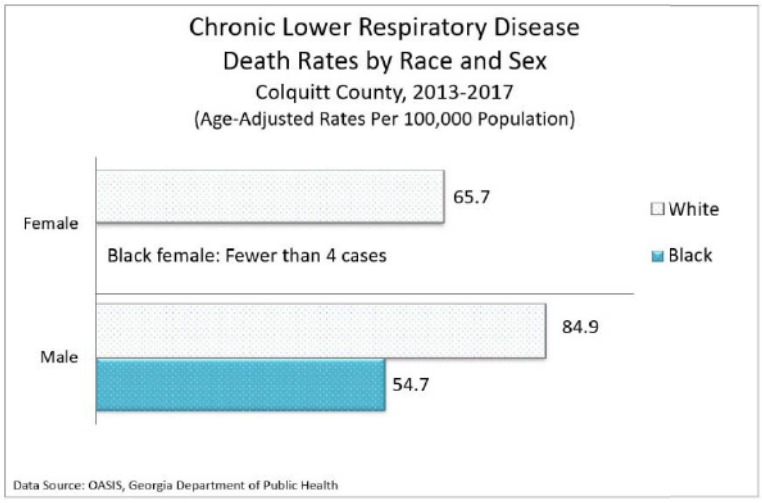
For the years 2013-2017, Colquitt County's chronic lower respiratory disease death rate (72.2 per 100,000 population) was higher than Georgia and the U.S.

The chronic lower respiratory disease death rate has increased since the 2016 CHNA (58.6 per 100,000 population).

Why Are Respiratory Diseases Important?

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximate 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 tax dollars. Annual health care expenditures for asthma alone are estimated at $20.7 billion.

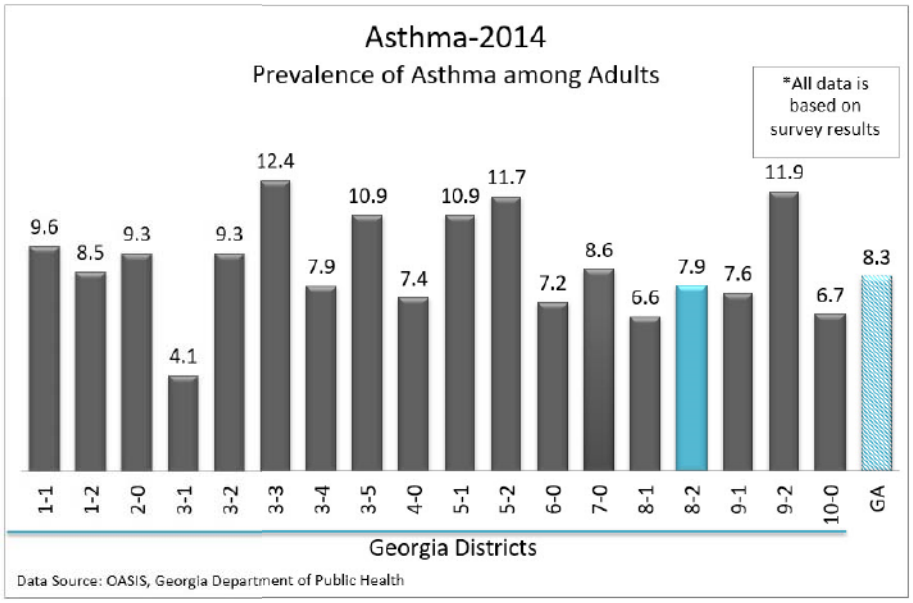
Healthy People 2020

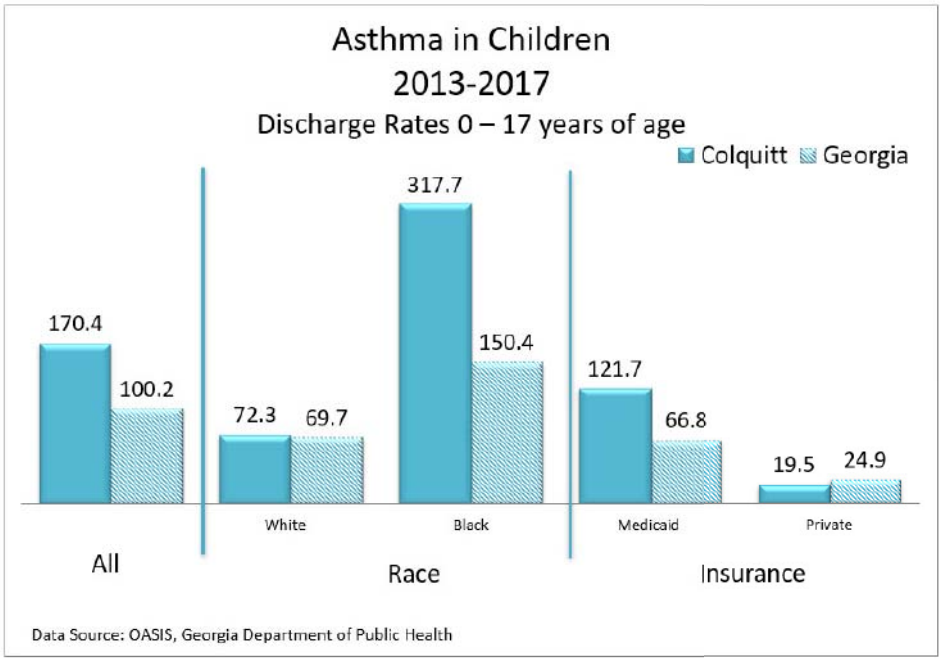


The age-adjusted death rate from chronic lower respiratory disease in Colquitt County was highest among White males.

Death rates for Hispanics were suppressed due to low number of cases.

There was a lower percentage of asthma among adults within Health District 8-2 compared to Georgia.



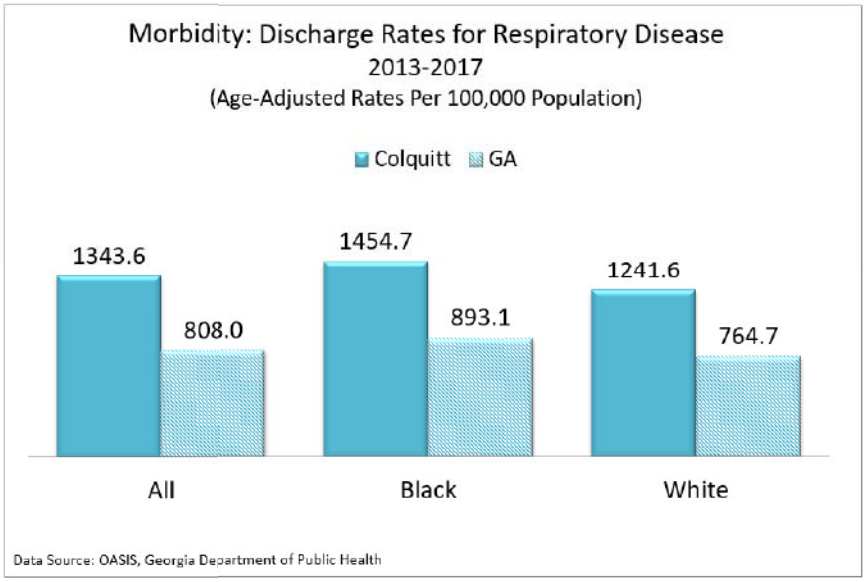


Colquitt County had a higher discharge rate due to asthma among children compared to Georgia.

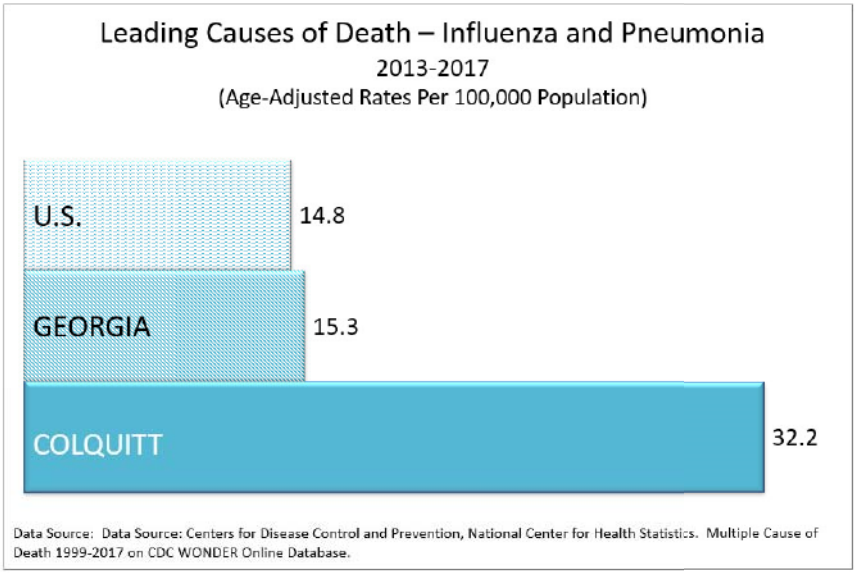
In both Colquitt County and Georgia, children with Medicaid had higher discharge rates compared to children with private insurance.

In both Colquitt County and Georgia, the Black population had a higher discharge rate compared to the White population.

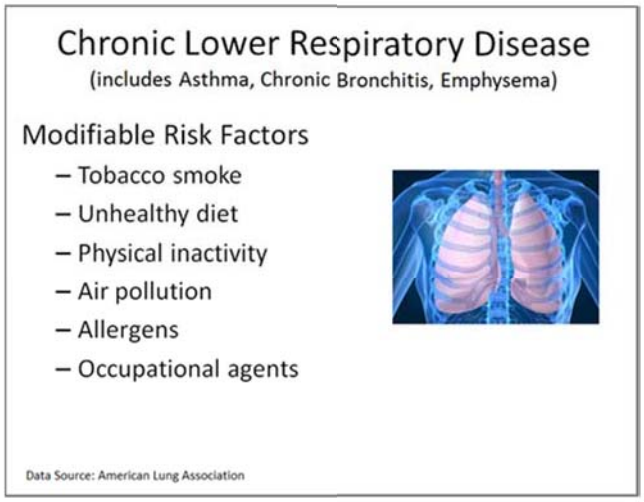
The discharge rates for respiratory related diseases in Colquitt County were higher compared to Georgia. The Black population in Colquitt County had higher discharge rates compared to the White population.



Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.[41]



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



COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Chronic Lower Respiratory Disease

- 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.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

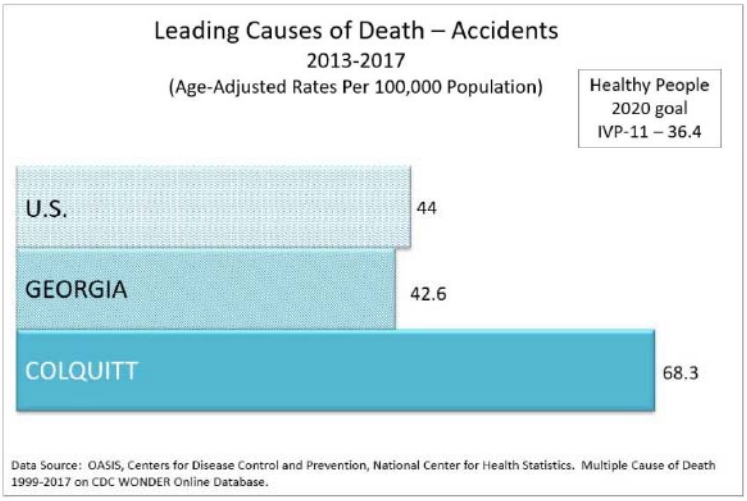
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning[42]

Why Is Injury and Violence Important?

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Healthy People 2020

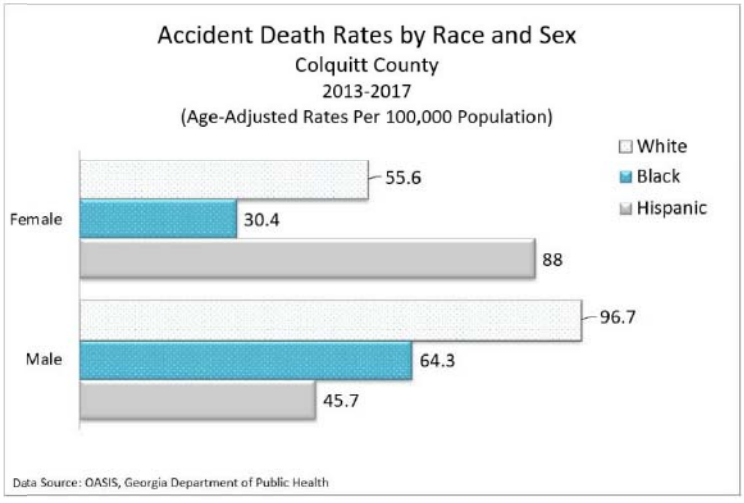


In Colquitt County, the accident death rate (68.3 per 100,000 population) was higher than the Georgia and U.S. rates.

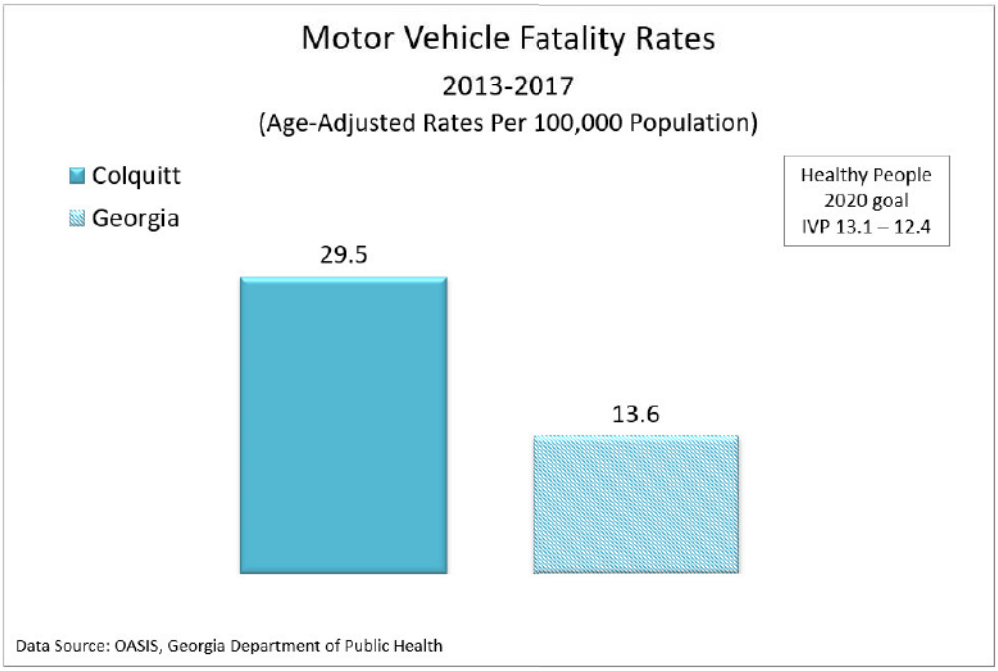
The Healthy People 2020 goal is 36.4 per 100,000 population. [43]

The accident death rate has increased since the 2016 CHNA (58.9 per 100,000 population).

In Colquitt County, overall males had higher death rates due to accidents compared to females. White males had the highest death rate out of all the population groups. Hispanic females had the next highest death rate.



In 2017, the U.S. had over 37,000 people killed in motor vehicle accidents. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2017, 1,540 people in Georgia were killed in motor vehicle crashes.[44] Colquitt County had a higher death rate due to motor vehicle accidents compared to Georgia.



According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction are arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.[45]

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.[46] In 2015, diabetes was the country's seventh leading cause of death. More than 30 million people (9.4 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.[47]

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.[48]



Image Source: Pharmacy Practice News

Why Is Diabetes Important?

Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes:

- *Lowers life expectancy by up to 15 years.*
- *Increases the risk of heart disease by 2 to 4 times.*

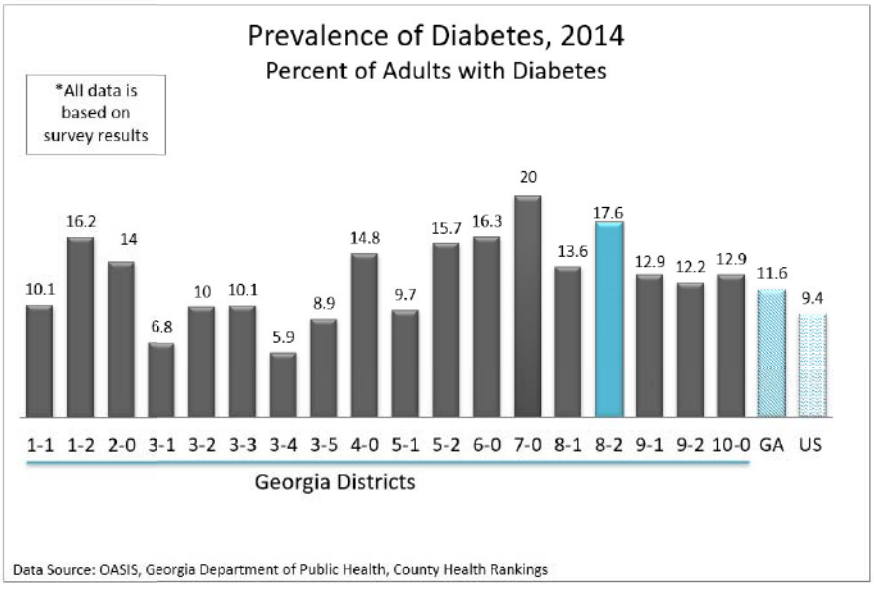
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

Healthy People 2020

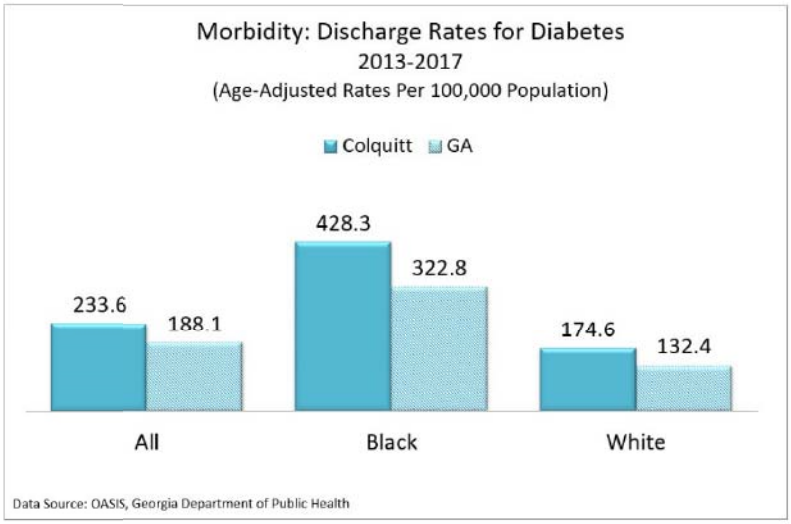
Health District 8-2 (which includes Colquitt County), had a higher diabetes prevalence (17.6 percent) than Georgia or the U.S.

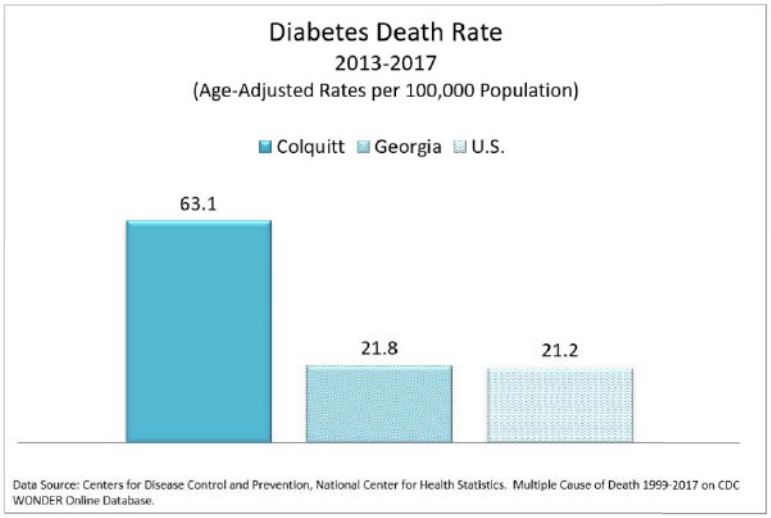


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

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

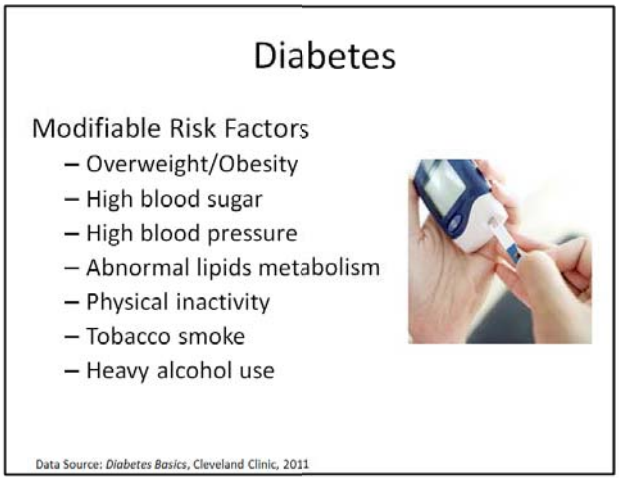
The discharge rate for Hispanics was not available for this report.





Colquitt County had a higher diabetes death rate than Georgia and the U.S.

There was an increase in the diabetes death rate since the 2016 CHNA (38.5 per 100,000 population).



Obesity

HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

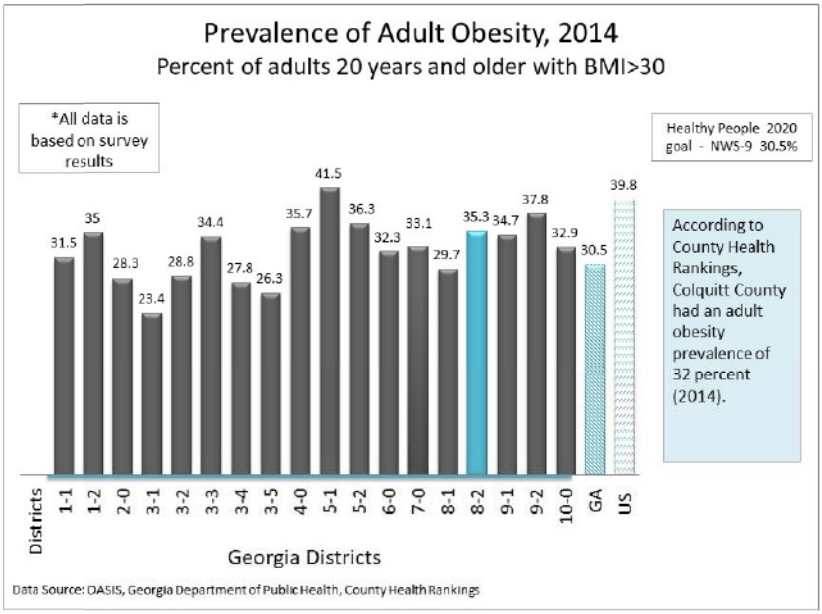
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.[49]

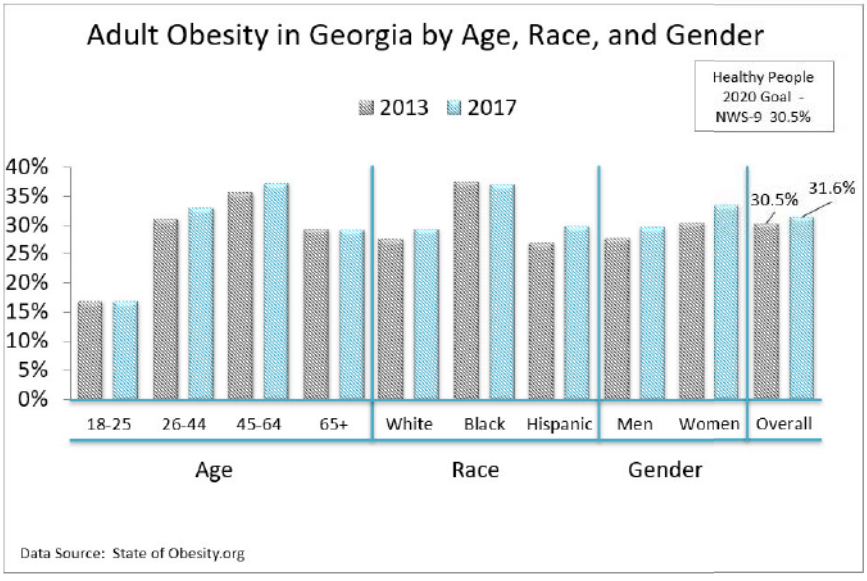
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.[50]

The prevalence of adult obesity in Health District 8-2 (35.3 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Colquitt County had prevalence of obesity at 32 percent.

The Healthy People 2020 goal is 30.5 percent.

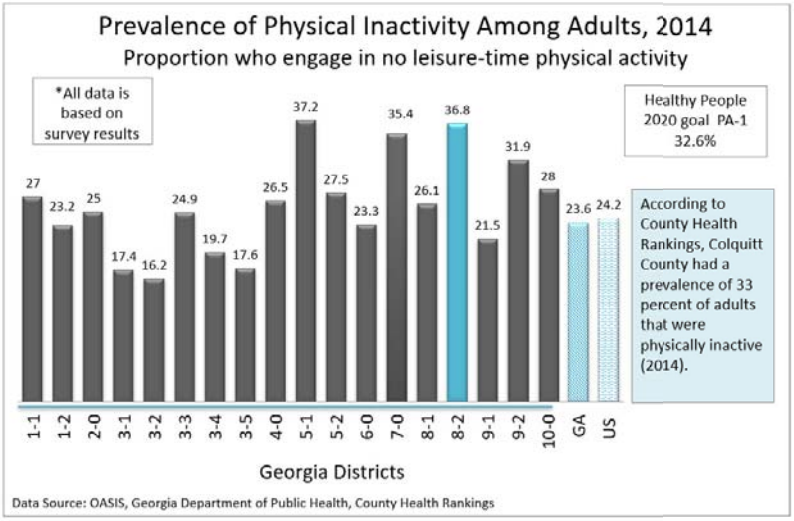




In 2017, adult obesity in Georgia was highest among the Black population and those who are ages 45-64. Women were more likely to be obese compared to men.

Comparing overall obesity rates from 2013 to 2017 shows a slight increase by about one percent.

Obesity 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.[51]



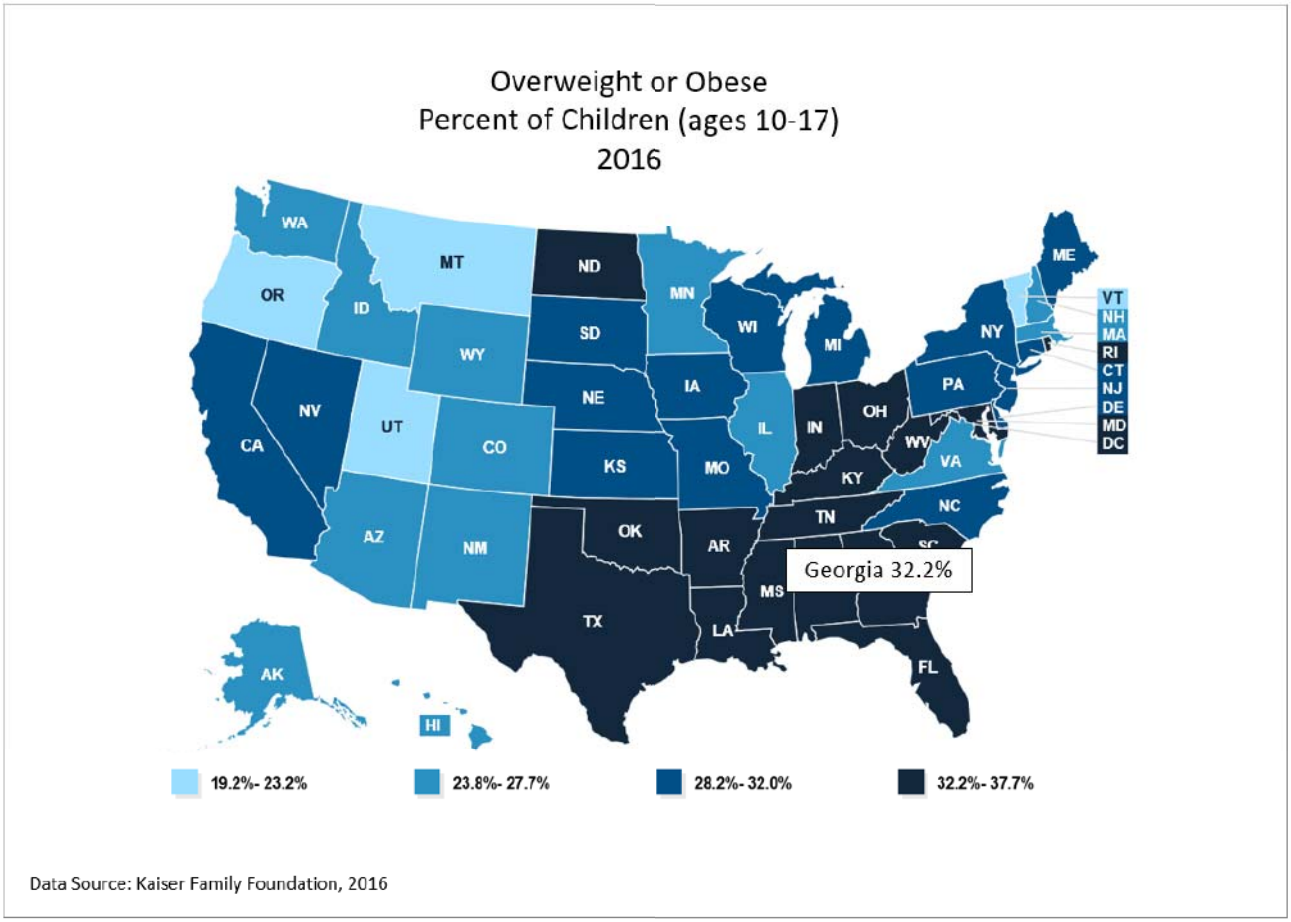
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (36.8 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Colquitt County had a higher prevalence of physical inactivity (33 percent) than Georgia and the U.S.

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.[52] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.1 percent of children and adolescents aged 2-19 years are obese.[53] A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-olds from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.[54]

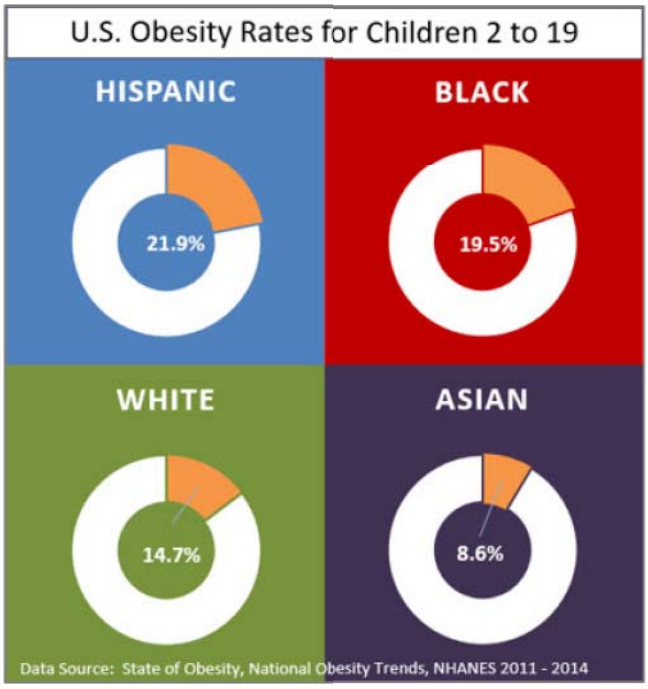
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.[55]



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.[56]

Childhood Obesity		
	2 to 4 year olds (2014)	10 to 17 year olds (2016)
U.S.	14.5%	31.2%
Georgia	13.2%	34%
Rank Among States	34th	8th
Data Source: State of Obesity.org		

Racial and ethnic disparities are very significant across the obese U.S population of children and adolescents. In 2011-2014, the following obesity 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. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.[57]

Obese children are more likely to have:

- 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 discomfort
- Fatty liver disease, gallstones, and gastro reflux, and
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.[58]

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

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.
- Colquitt is the highest producer of produce yet has higher obesity rates.
- There are a lot of parents who may not know how to cook.
- People may not understand ways to accomplish physical activity.
- Obesity and diabetes are happening across all socioeconomic classes.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Obesity and Diabetes (Children)

» There are a lot more type-2 diabetic 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 that challenge other walking groups in the city or county for total number of steps.

» Access to food is a major problem in the county. Lack of transportation exaggerates this issue.

» There is need for better access to healthy food. A lot of individuals may not live close to a grocery store.

MATERNAL, INFANT AND CHILD HEALTH

HEALTHY PEOPLE 2020 REFERENCE – MICH

The health of mothers, infants, and children is vital to a healthy community. This population is particularly vulnerable to certain health risks when encountered during pregnancy and early childhood. The mental and physical development of infants and children is affected by the behaviors of their mothers during pregnancy.[59]

There are many measures of maternal, infant, and child health, however this report will focus on the following:

- Live birth rates
- Number of infant deaths
- Fetal and infant conditions
- Teen birth rates
- Mother receiving adequate prenatal care
- Low and very low birth weights
- Breastfeeding
- Immunization rates

Racial and ethnic disparities were noted among these indicators. Disparities may be due to differences in income levels, family structure, age of parents, educational attainment, and access to prenatal care.

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.[60]

Why Are Maternal, Infant and Child Health Important?

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 may include:

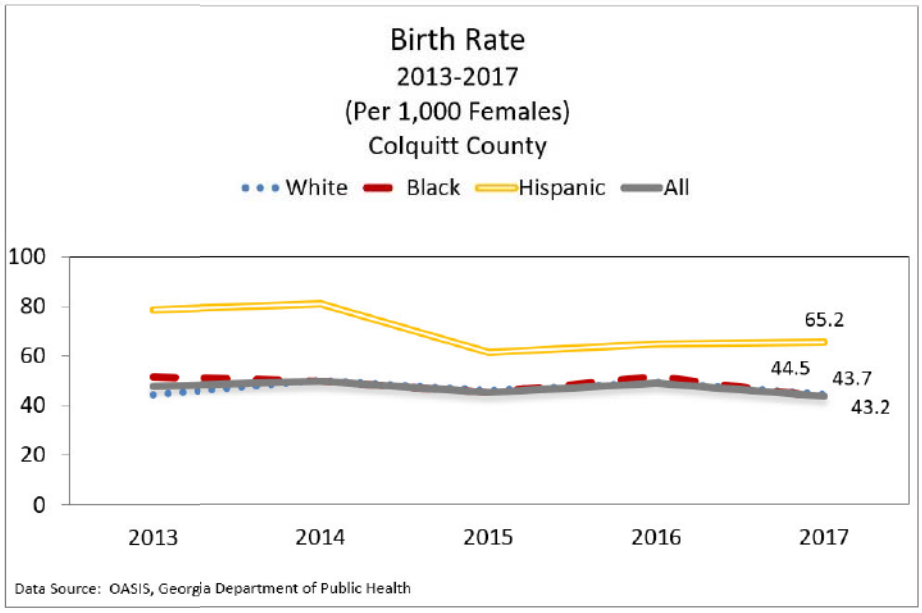
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

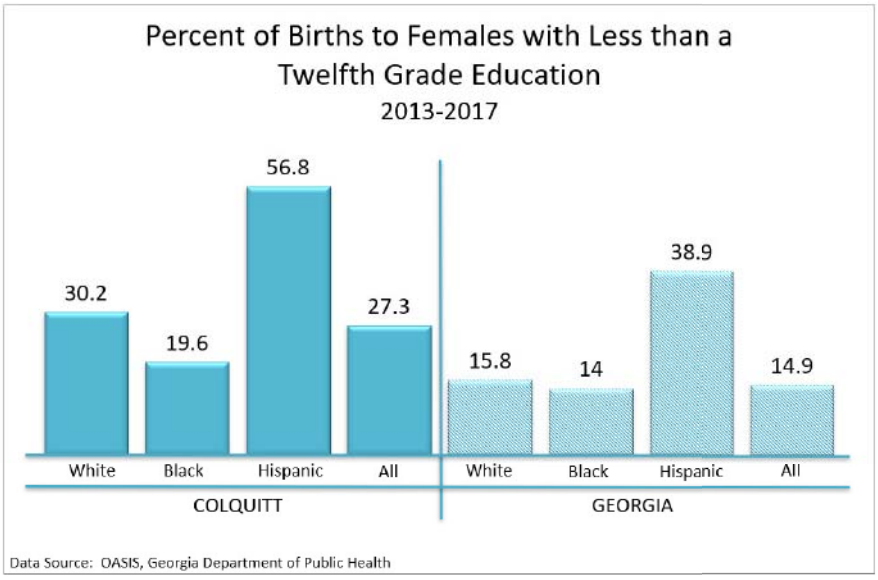
Healthy People 2020

A life stages method to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.[61]

Birth Rates

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





The percent of births to females with less than a twelfth-grade education was higher among Colquitt County residents (27.3 percent) compared to Georgia residents (14.9 percent). The highest percentage was among the Hispanic population group in Colquitt County and Georgia.

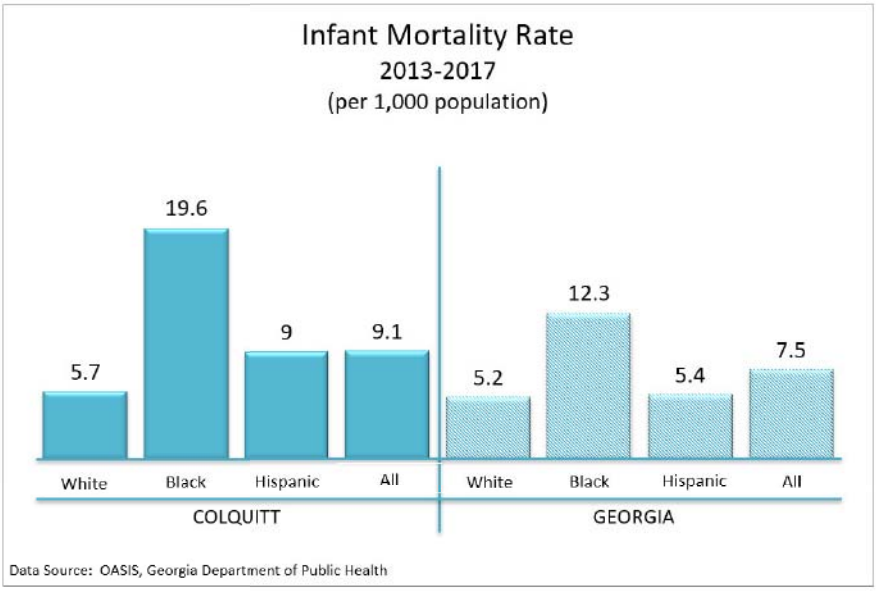
Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. In 2017, approximately 22,000 infants died in the U.S.[62] The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.[63] 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.[64]

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

The highest infant mortality rate was among the Black population in Georgia.

The infant mortality rate has increased since the 2016 CHNA (7.9 per 1,000 population). The Black and Hispanic populations have increased since the 2016 CHNA.



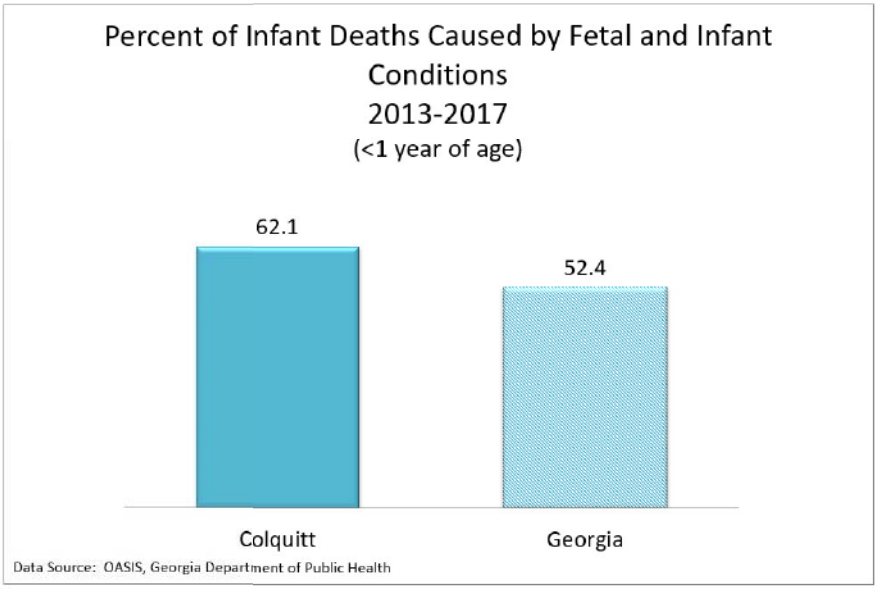
Fetal and Infant Conditions

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

- Prematurity is a disorder related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where 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 period near birth.[65]

The following chart summarizes the percent of deaths related to the conditions listed above.

The percent of infant deaths caused by fetal and infant conditions in Colquitt County was higher than Georgia.

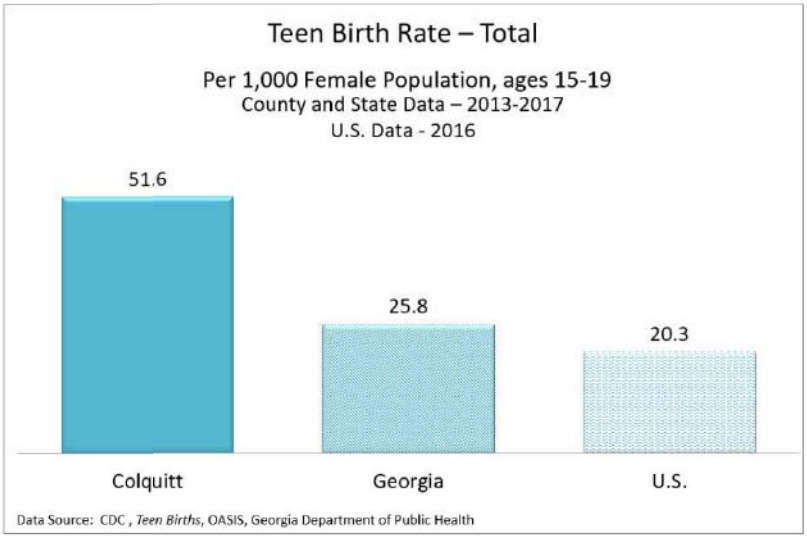


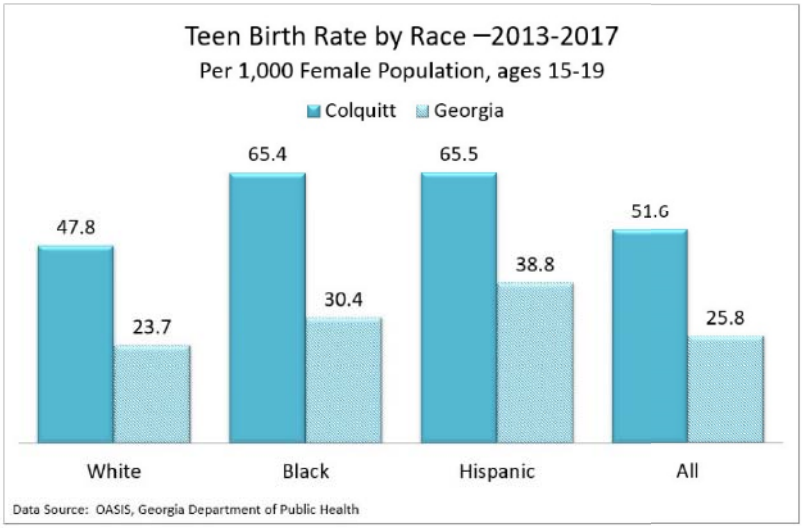
Teen Birth Rate

Substantial disparities persist in teen 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 western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely 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 teenager, and face unemployment as a young adult.[66]

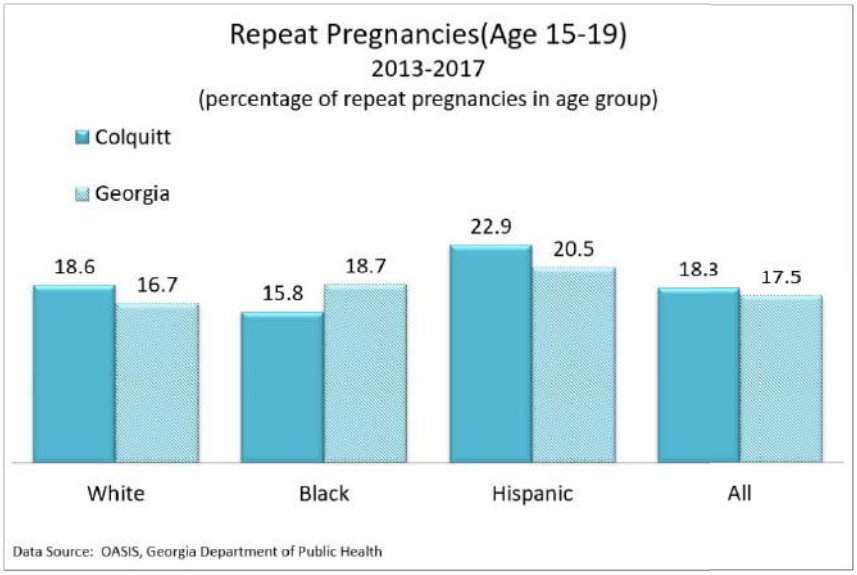
The Colquitt County teen birth rate (51.6 per 1,000 female population) was higher than Georgia and the U.S.

There was a decrease in the teen birth rate since the 2016 CHNA (67.7 per 100,000 population).





The Colquitt County Hispanic and Black teen birth rates were higher than all other population groups.



For mothers ages 15-19, Colquitt County had a higher percent of repeat pregnancies (18.3 percent) compared to Georgia (17.5 percent). The Hispanic population group had the highest percent of repeat pregnancies compared to other population groups in Colquitt County and Georgia.

Teen Pregnancy in Georgia

In 2016, Georgia ranked 19th-highest in the U.S. for teen births. In 2011, Georgia ranked 8th. 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 2015 and 2016 by 8 percent.

Georgia Adolescent Reproductive Health Facts www.hhs.gov

Birth Weight

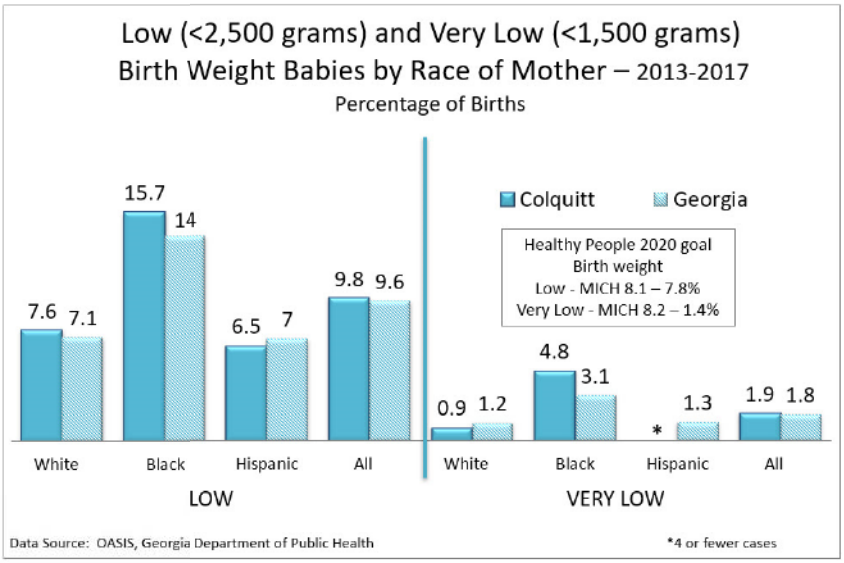
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders. [67]

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.[68] In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent.[69]

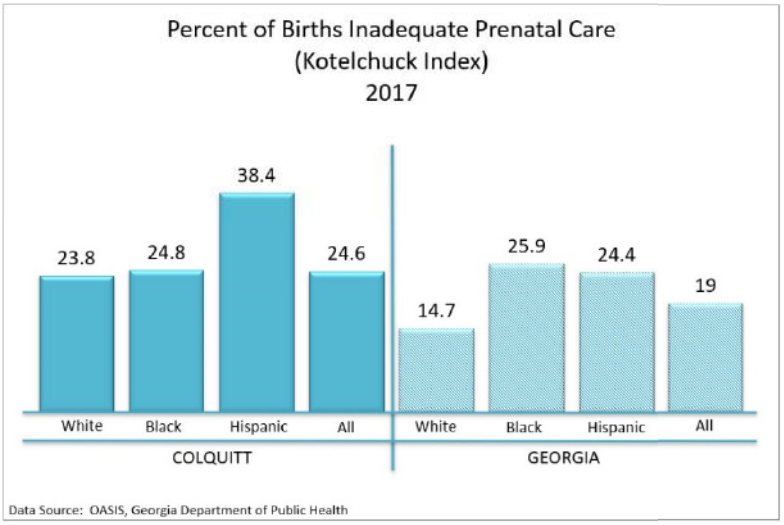
Colquitt County had higher rates of low and very low birth weight babies compared to Georgia.

In Colquitt County and Georgia, the highest percentages were among the Black population.

The percent of low births have decreased since the 2016 CHNA (11.4 percent) and very low births have increased (1.6 percent).



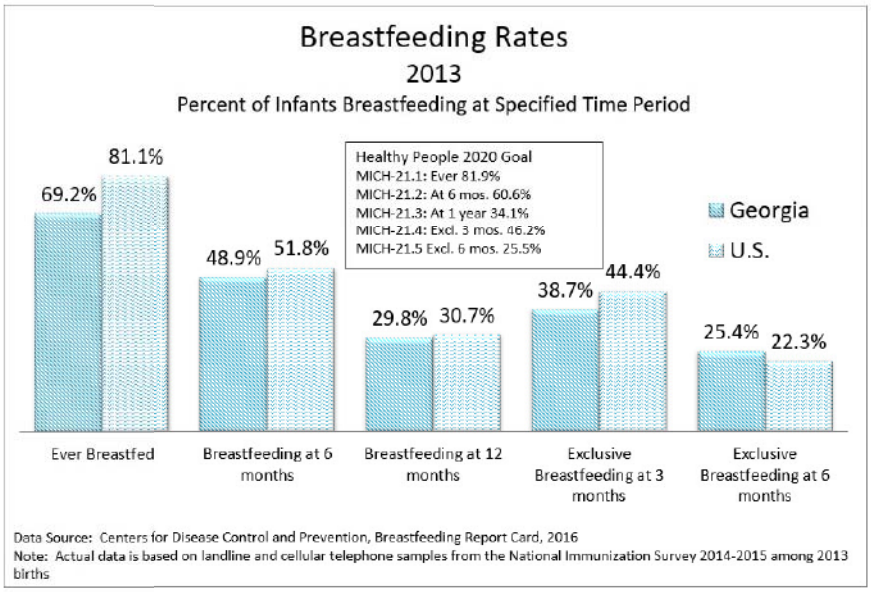
Mother Receiving Adequate Prenatal Care



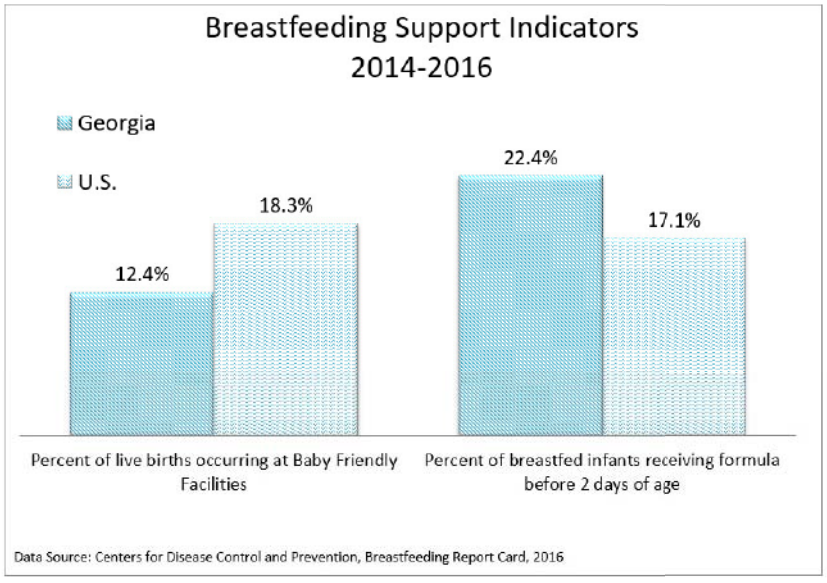
The percent of births with late or no prenatal care was higher in Colquitt County compared to Georgia. Hispanic births had the highest percent of births with inadequate prenatal care in Colquitt County.

Breastfeeding

Georgia had lower rates of breastfeeding in all time frames compared to the U.S., except exclusive breastfeeding at 6 months.



The Maternity Practices in Infant nutrition and Care (mPINC)score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.[70]



Georgia had a lower percent of births occurring at Baby Friendly facilities compared to the U.S.

Georgia had a higher percent of breastfed infants receiving formula before 2 days of age compared to the U.S.

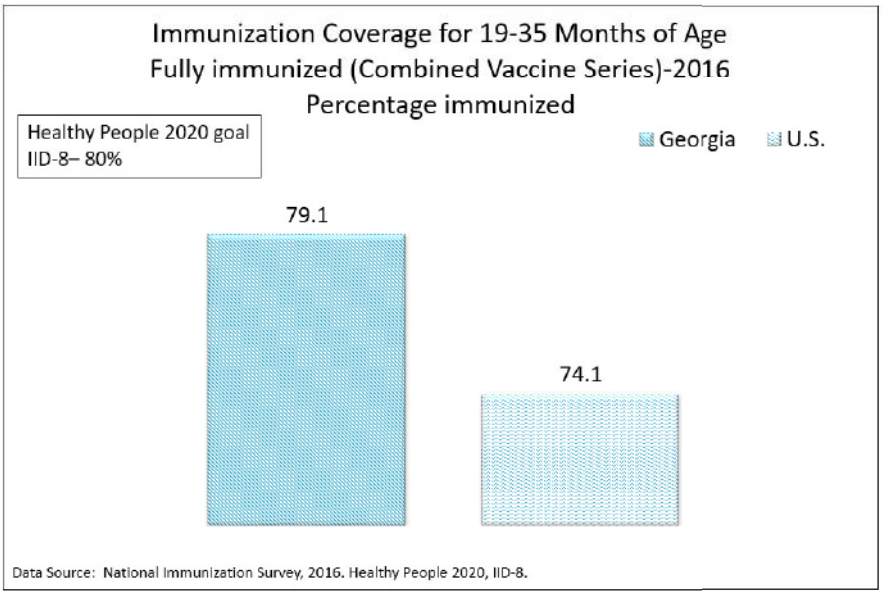
Georgia had a lower mPINC score compare to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but less Board-Certified Lactation Counselors (IBCLs) than the U.S.

Breastfeeding Support Indicators	Georgia	U.S.
Average mPINC Score (out of 100)	75	79
Number of CLCs per 1,000 live births	6.0	4.6
Number of IBCLCs per 1,000 live births	2.8	3.8

Note: The mPINC score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. The score ranges from 0 to 100. CLC is a Certified Lactation Counselor; IBCL is a International Board Certified Lactation Counselor

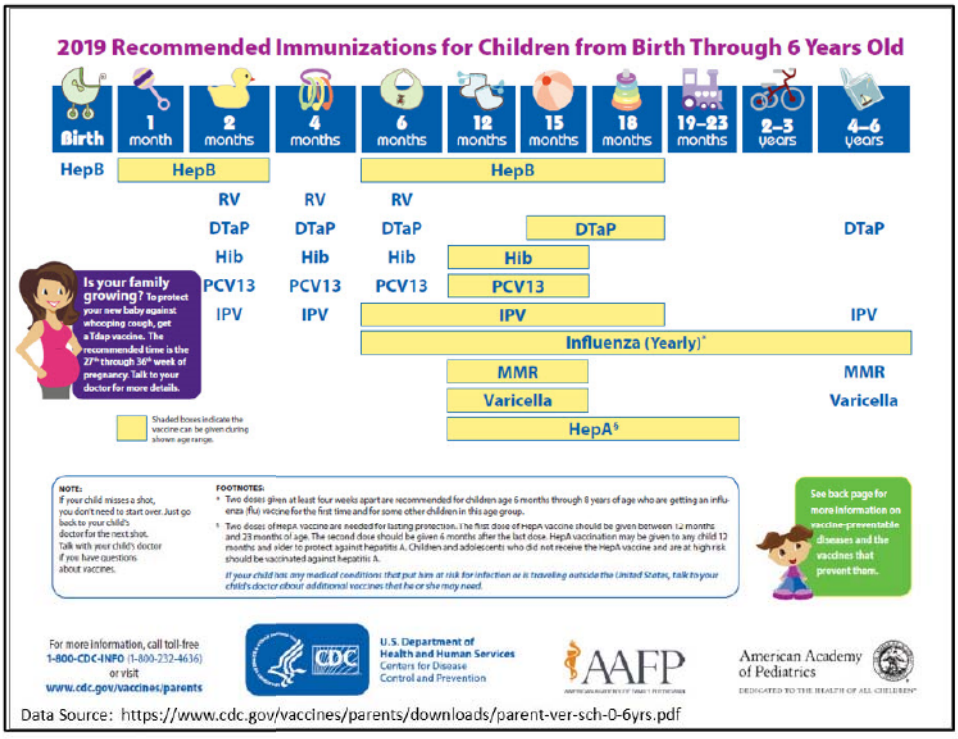
Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.[71]



The immunization coverage percent for children 19-35 months old was higher in Georgia (79.1 percent) than the U.S. (74.1 percent).

The Centers for Disease Control and Prevention has developed a chart to inform patients of recommended immunizations for children. Copies may be obtained at the website address noted in the chart.



COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Teen Birth Rate and Prenatal Care

- Teen pregnancy rates have really improved.
- Prenatal care is an issue among the Hispanic population. Undocumented Hispanics are fearful to go to the clinic in fear of being deported.

ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE – TU, SA

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
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide[72]

Although much progress has been made to reduce cigarette smoking in the United States, in 2015, 15.5 percent of adults and 3.4 percent of adolescents smoked cigarettes in the past month.[73]

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.[74]

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every 2 years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents. Georgia data was unavailable from 2015 to 2017; however, Georgia Student Health Survey data provided some insight on substance abuse behavior trends.

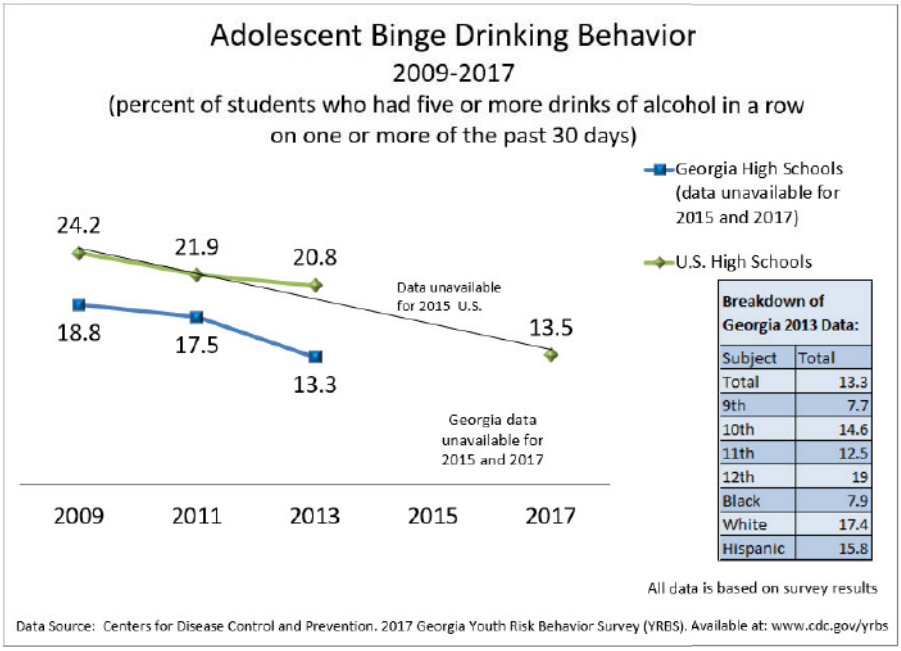
Why Is Adolescent Health Important?

Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation. The financial burdens of preventable health problems in adolescence are large and include the long-term costs of chronic diseases that are a result of behaviors begun during adolescence.

There are significant disparities in outcomes among racial and ethnic groups. In general, adolescents and young adults who are African American, American Indian, or Hispanic, especially those who are living in poverty, experience worse outcomes in a variety of areas (examples include obesity, teen pregnancy, tooth decay, and educational achievement) compared to adolescents and young adults who are white.

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

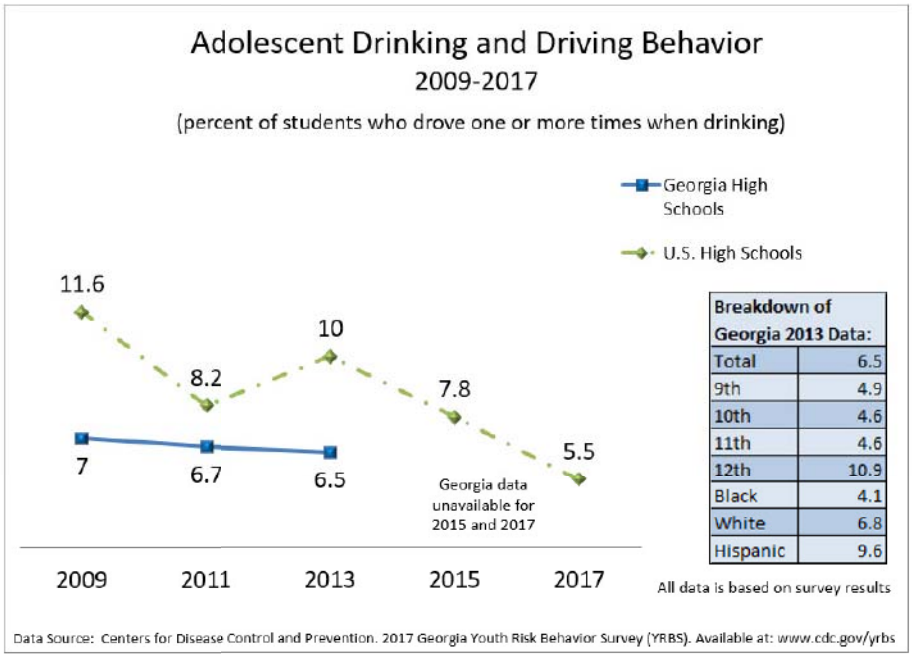


Between 2009 and 2013 adolescent binge drinking in Georgia was below the U.S. rates.

Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

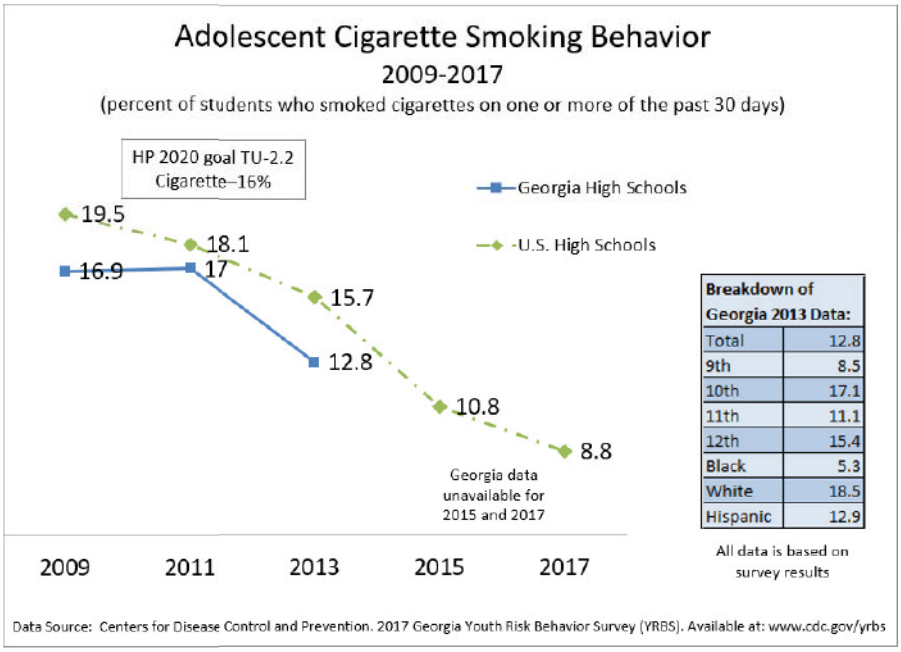
Drinking and driving behavior in Georgia was lower than the U.S. Hispanic youth were more likely than other groups to engage in this behavior.

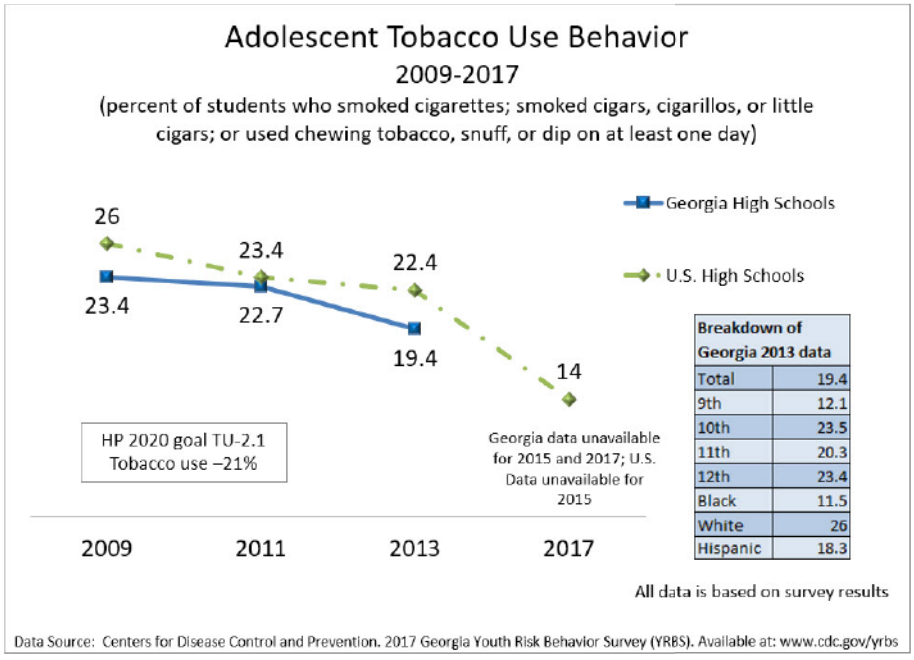


Cigarette smoking behavior among Georgia high school aged adolescents was lower than the U.S rates.

Adolescent smoking in Georgia was more prevalent among Whites compared to other population groups. There was an increase in prevalence from eleventh grade (11.1 percent) to twelfth grade (15.4 percent).

The U.S. cigarette smoking rates have continued to decrease in 2015 and 2017.



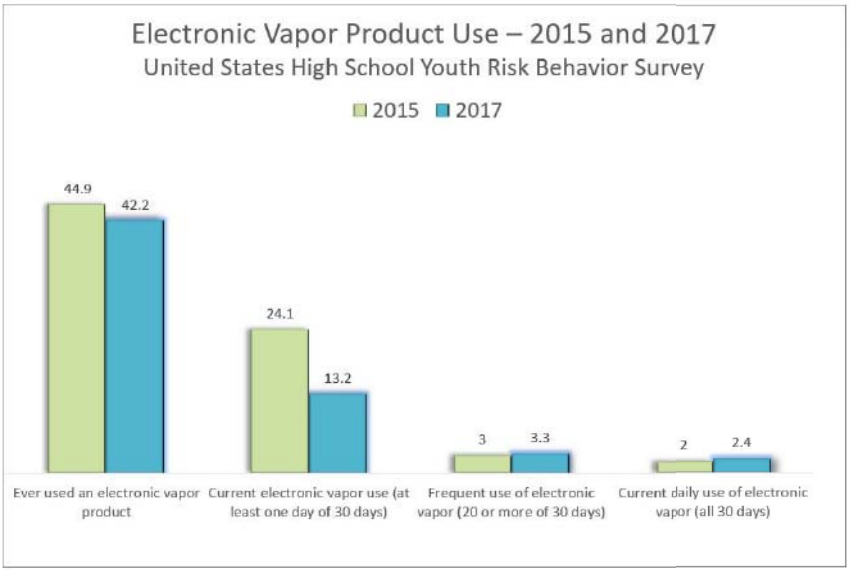


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compare to other population groups.

The tobacco use rates in the U.S. have decreased drastically from 2013 to 2017.

Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) or electronic vapor products are devices that provide nicotine and other additives to the user in the form of an aerosol. They entered the market in 2007 and by 2014 they were the most commonly used tobacco product among U.S. youths.[75]



From 2015 to 2017, usage rates have decreased for those who have ever reported use of an electronic vapor product. Usage rates have also decreased for those who are current users at least one of the last 30 days.

Usage rates have increased for frequent users (more than 20 of the last 30 days) and those that use electronic vapor daily (all 30 days).

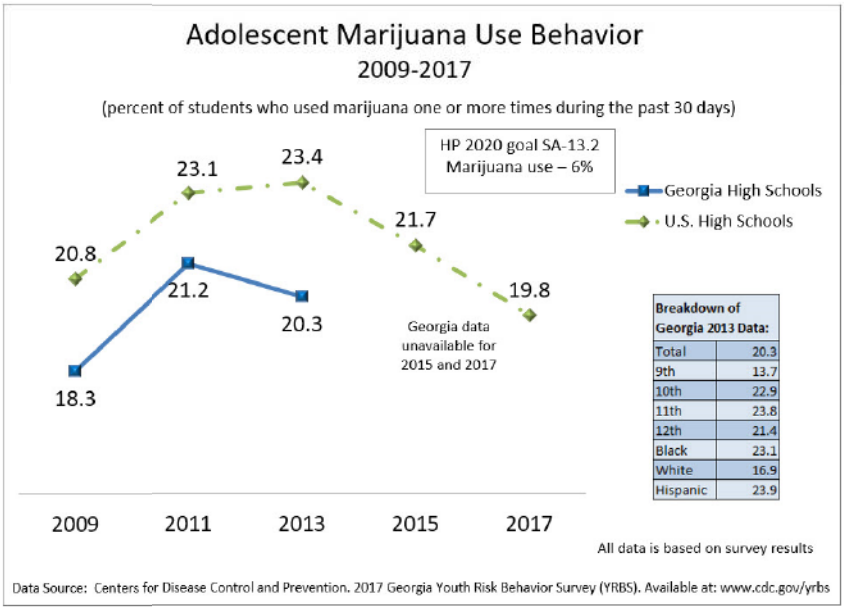
Illicit Drug Usage

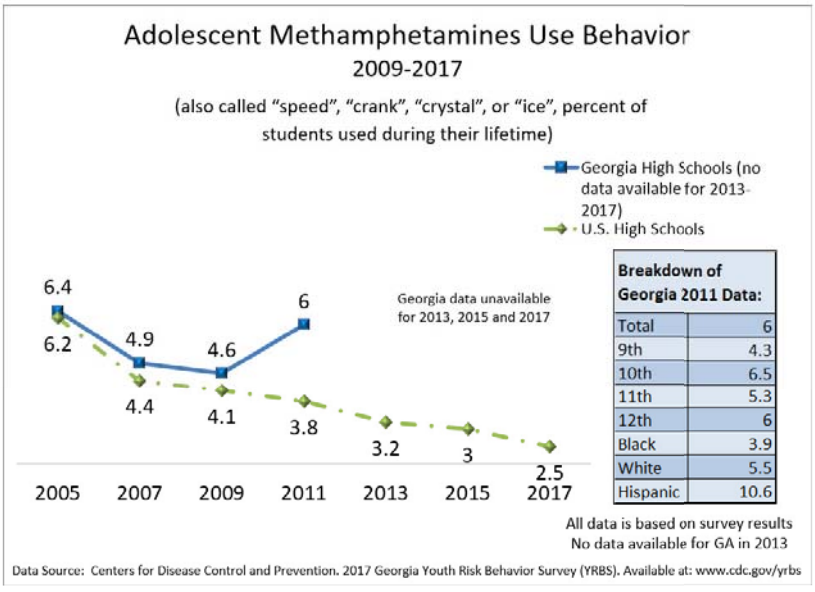
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[76]

Marijuana use was higher among U.S. high schools compared to Georgia high schools.

The U.S. rate has continued to decrease from 2013 to 2017.

The Healthy People 2020 goal is to reduce marijuana use to six percent. [77]





Methamphetamine ("meth") use among Georgia adolescents had increased from 2009 to 2011 and had been consistently higher than the U.S. rate.

More than 10 percent of the Hispanic adolescent population in Georgia had tried methamphetamines during their lifetime.

Comparison: Colquitt County and Georgia

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 data (up or down arrow) from the previous CHNA.

At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Colquitt County and Georgia		
	Colquitt County High Schools	Georgia High Schools
Binge Drinking	11.6% ↑	6.4% ↓
Drinking and Driving	5.6% ↑	3.0% ↑
Tobacco Use	8.9% ↓	5.5% ↓
Cigarette Use	8.5% ↓	4.7% ↓
Marijuana Use	14.0% ↑	9.3% ↓
Electronic Vape	14.9% *	10.6% *
Meth Use	3.4% ↑	2.4% ↑
Prescription	6.4% ↑	4.0% ↓

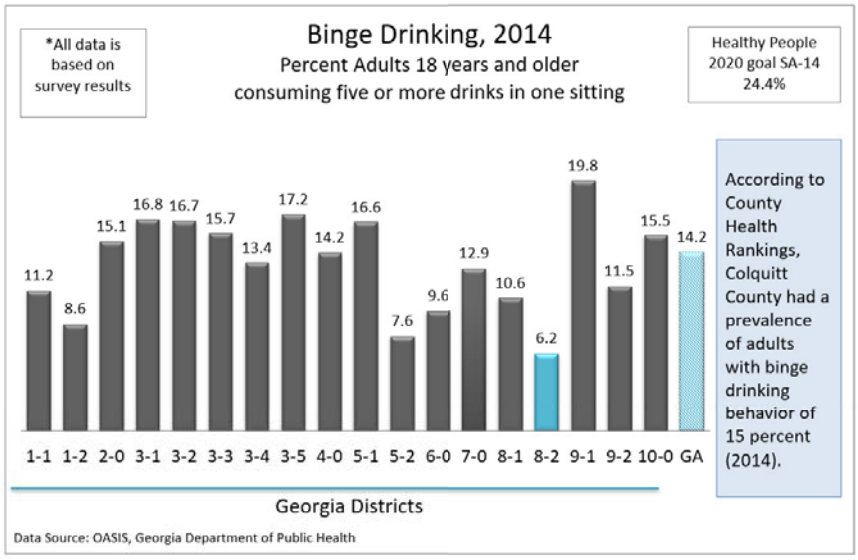
Data Source: Georgia Department of Education. Georgia Student Health Survey
* Trend data unavailable; electronic vapor not surveyed in previous CHNA

Colquitt County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, electronic vape, meth use, prescription drug, and marijuana use behaviors compared to Georgia. Please refer to the "Community Input" section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

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.[78]

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.[79]



The binge drinking prevalence in Health District 8-2 (6.2 percent) was lower than the Georgia prevalence (14.2 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Adolescent Behaviors and Substance Abuse

- Early childhood medical care is very important among the underserved populations.
- There is a breakdown of family that effects the overall quality of life of a young adolescent.
- There is a need for education about the basics on how to raise a child. There are a lot of parents who have no idea how to raise a child due how they were raised.
- Substance abuse leads into other abuses and forms of child neglect.

Adult Behaviors and Substance Abuse

- Approximately 80 percent of jail inmates are drug addicts.
- The meth problem has become a major issue in Colquitt County.
- Opioid use has increased in Colquitt County.
- There is a substance abuse issue in Colquitt County. There are a lot of addicts that want help. It takes six months to a year to get them help.
- Around 75-85 percent of substance abusers do not have health insurance.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.[80] 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.[81]

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections are encouraged for sexually active young adults.[82]

Georgia reported some of the highest STD rates in the country. Due to various socio-economic reasons, U.S. STD rates are higher among Blacks than among other population groups.[83]

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2017

Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Nevada (20.0)	Alaska (799.8)	Mississippi (309.8)
2	California (17.1)	Louisiana (742.4)	Alaska (295.1)
3	Louisiana (14.5)	Mississippi (707.6)	Louisiana (256.7)
4	**Georgia (14.4)**	New Mexico (651.6)	South Carolina (254.4)
5	Arizona (13.6)	South Carolina (649.8)	Alabama (245.7)
6	New York (11.9)	**Georgia (631.4)**	Oklahoma (231.4)
7	Florida (11.6)	North Carolina (619.7)	North Carolina (225.4)
8	North Carolina (11.2)	Alabama (615.5)	Arkansas (224.5)
9	Mississippi (10.4)	New York (591.6)	**Georgia (219.8)**
10	Illinois (9.6)	Illinois (589.9)	New Mexico (215.7)

Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as $15.9 billion annually.

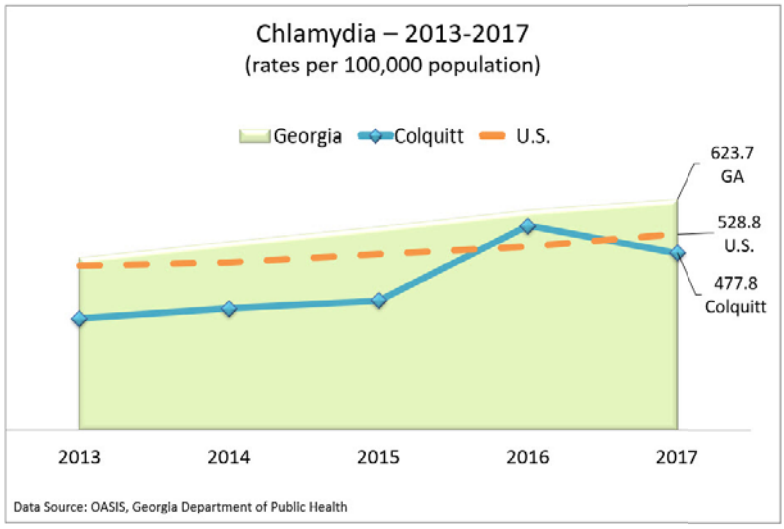
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing and is easily treated and cured with antibiotics.[84]

- In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[85]
- Women had two times the reported chylamydia rate of men in 2017.[86]
- Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.[87]



Clinical Recommendations

Screening for Chlamydial Infection

- *The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.*
- *The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.*

Healthy People 2020

In 2017, the chlamydia rate in Colquitt County was lower than Georgia and the U.S.

The chlamydia rate increased since the 2016 CHNA (300.4 per 100,000 population).

The chlamydia rate among Blacks was significantly higher than Whites and Hispanics in both Georgia and Colquitt County.

Average Chlamydia Rates by Race (2013-2017)

	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Colquitt	127.7	691.4	215.5	400.8

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

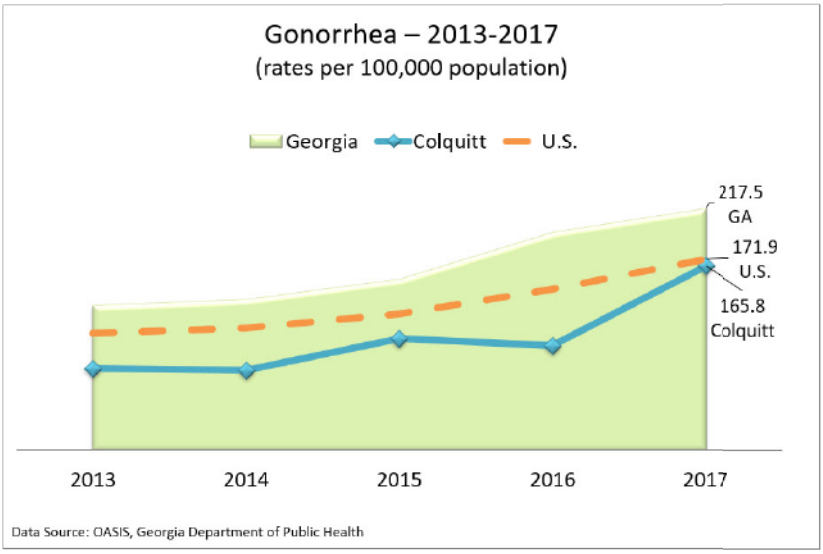
Gonorrhea and chlamydia often infect people at the same time.[88] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

- Gonnorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[89]
- Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.[90]

Who Is At Risk for Gonorrhea?

Any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

Centers for Disease Control and Prevention



In 2017, the gonorrhea rate in Colquitt County was lower than Georgia and the U.S.

The gonorrhea rate increased since the 2016 CHNA (73.5 per 100,000 population).

Average Gonorrhea Rates by Race (2013-2017)

	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Colquitt	14.9	211.9	*	101

Data Source: OASIS, Georgia Department of Public Health

* Fewer than 4 cases

The gonorrhea rate was significantly higher among Blacks compared to Whites and Hispanics in Colquitt County and Georgia.

Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.[91]

- During 2017 there were 101,567 reported new diagnoses of syphilis.[92]
- Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.[93]

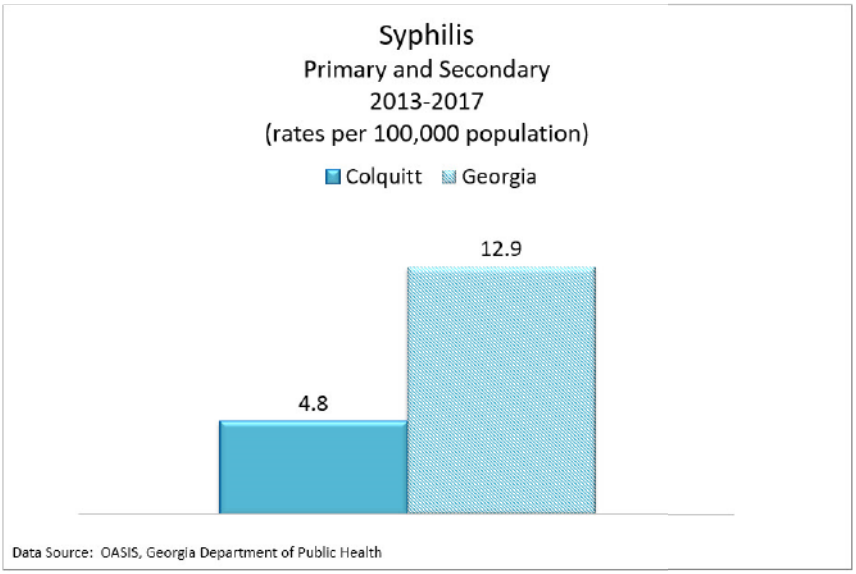
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.[94] The U.S. rate in 2017 was 9.5 per 100,000 population.[95]

How Can Syphilis be Prevented?

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

Centers for Disease Control and Prevention



The syphilis rate in Colquitt County was lower than the Georgia rate during the period 2013-2017.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans had HIV at the end of 2016. Of those people, about 14 percent did not know they were infected. In 2017, about 38,739 people received an HIV diagnosis in the U.S.[96] Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.[97]

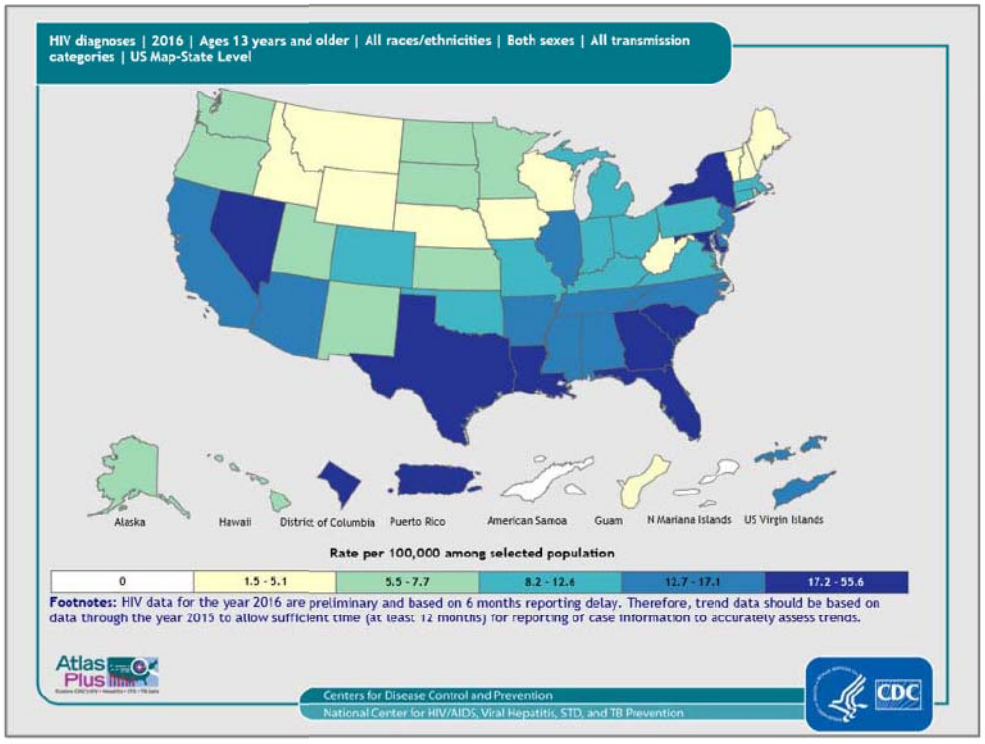
- In 2017, Black MSM represented the highest number of new HIV infections in the U.S.[98]
- In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.[99]
- In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.[100]
- In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.[101]

Why Is HIV Important?

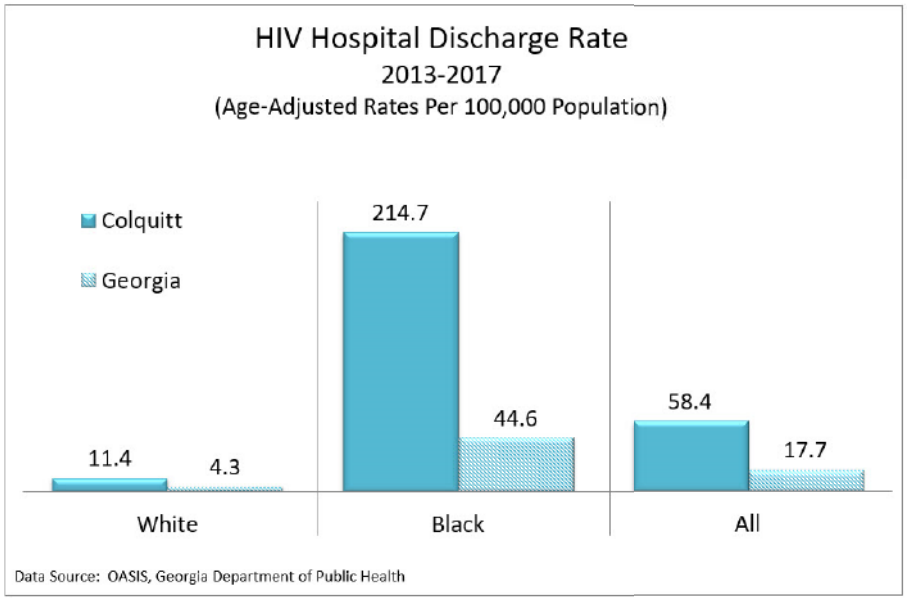
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50 percent of new HIV infections occur as a result of people who have HIV but do not know it.

Healthy People 2020

According to the Centers for Disease Control and Prevention, in 2016 Georgia had some of the highest HIV rates in the country.



State and County level case rates for HIV data were not available for this report. The following chart shows hospital discharge rates for individuals with HIV in Georgia, and Colquitt County.



The hospital discharge rate for HIV in Colquitt County was higher than the Georgia rate.

The discharge rate among the Black population in both Colquitt and Georgia was higher than the White population.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Sexually Transmitted Disease

» There are a lot of people who get re-infected with STDs. They do not see the big deal in getting re-infected and treated again.

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE – AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[102]

Why Is Access to Health Services Important?

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:

- *Gaining entry into the healthcare system.*
- *Accessing a healthcare location where needed services are provided.*
- *Finding a healthcare provider with whom the patient can communicate and trust.*

Healthy People 2020

Gaining Entry into the Health Care System

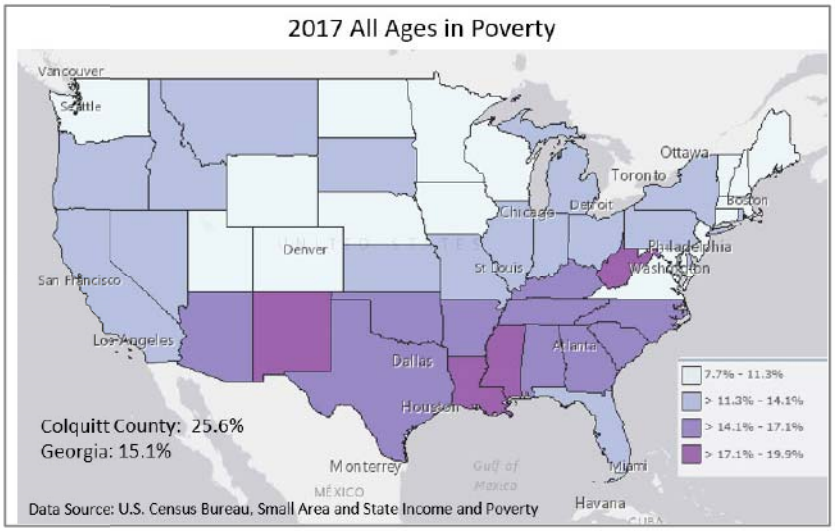
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

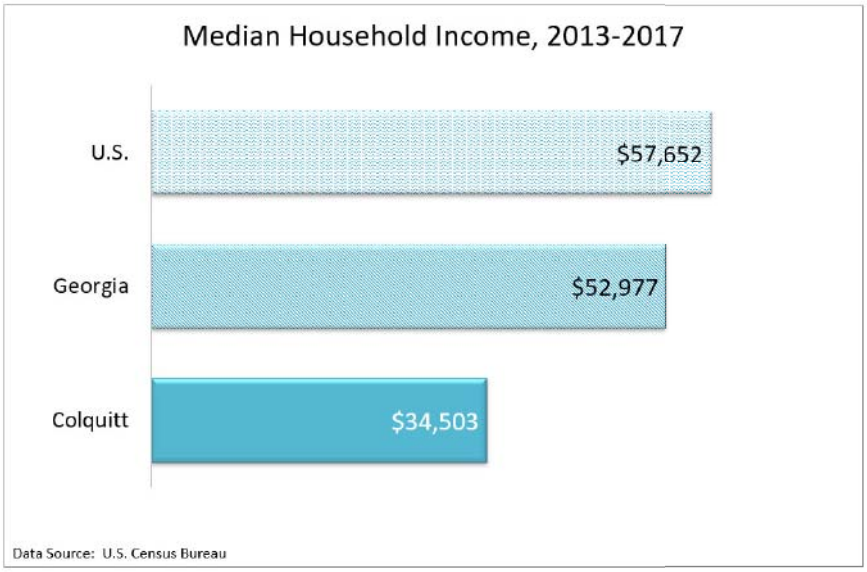
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 13.4 percent in 2017. [103]

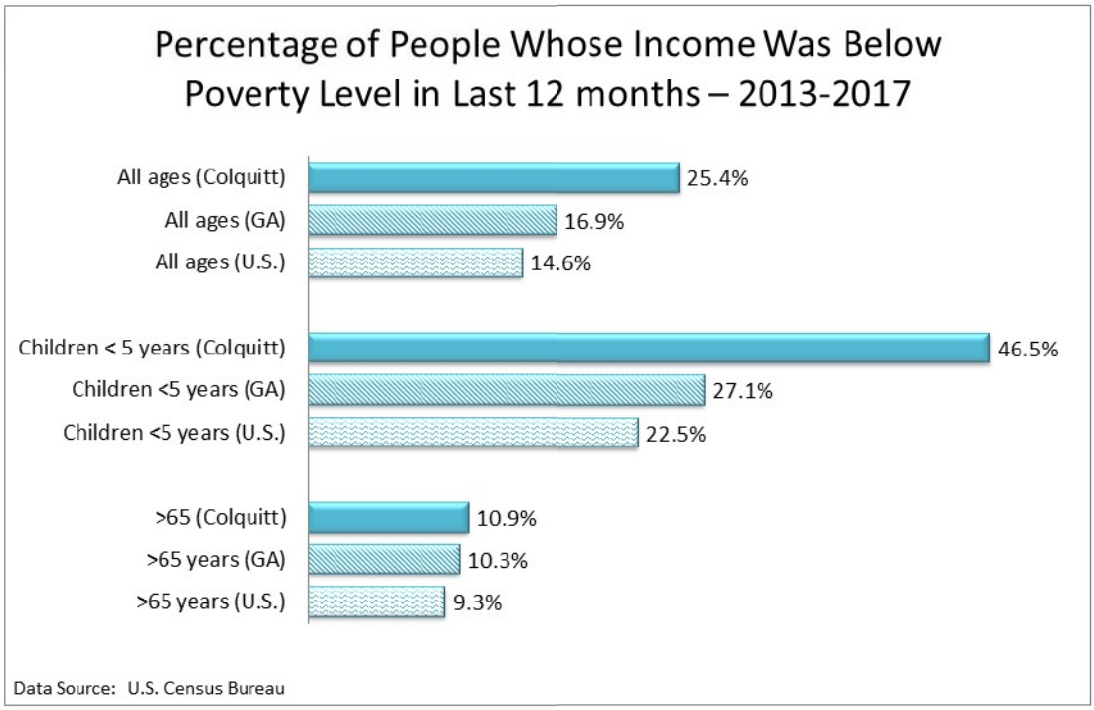
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017. [104]

Colquitt County's poverty rate was 25.6 percent in 2017.



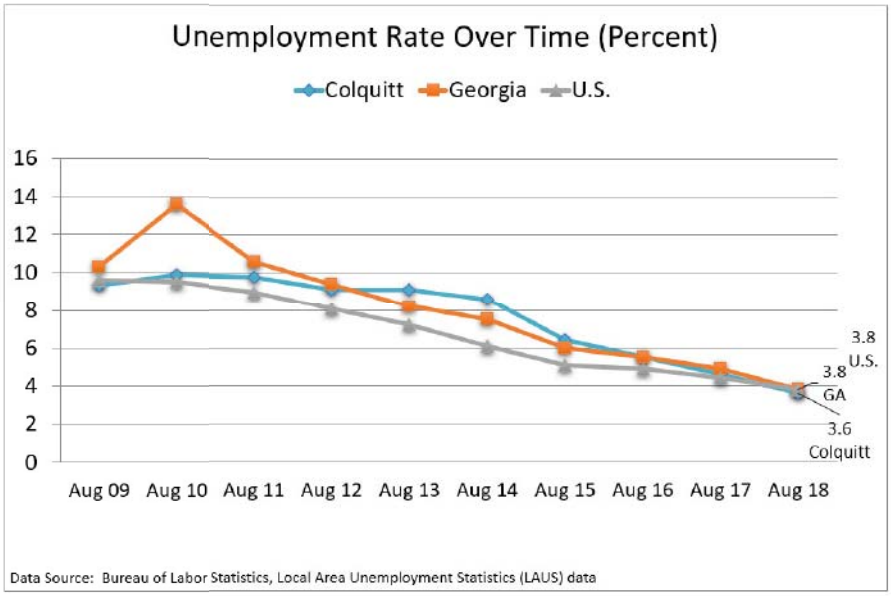


The median household income during 2013-2017 for Colquitt County was $34,503. This was below the Georgia median income of $52,977 and the U.S. median income of $57,652.

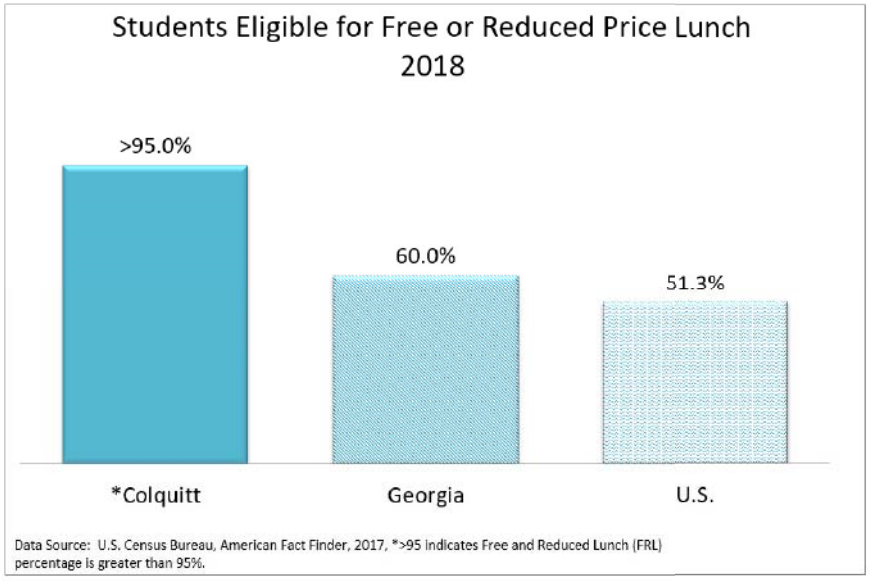


The percentage of people in Colquitt County whose income was below the poverty level (25.4 percent) was higher than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Colquitt County (46.5 percent) was higher than both Georgia (27.1 percent) and the U.S. rate (22.5 percent). The percentage of Colquitt County senior adults living in poverty (10.9 percent) was higher than the rates for either Georgia (10.3 percent) or the U.S. (9.3 percent).

The most recent data showed Colquitt County's unemployment rate was below the Georgia and U.S. rate.



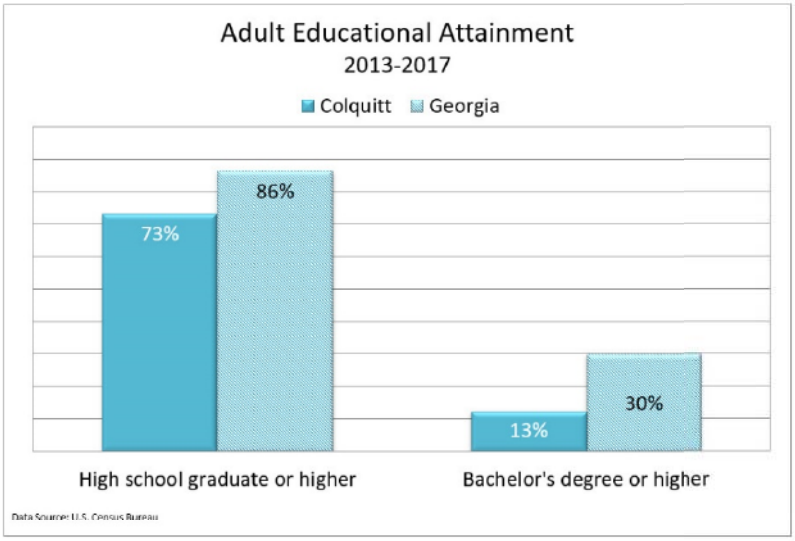
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[105] For July 1, 2018 through June 30, 2019, a family of four's income eligibility for reduced-price lunches was at or below $46,435 and for free meal eligibility at or below $32,630.[106]



Greater than 95 percent of the public-school students in Colquitt County were eligible for free or reduced-price lunches. This was higher than Georgia (60 percent) and the U.S. (51.3 percent).

Educational Attainment

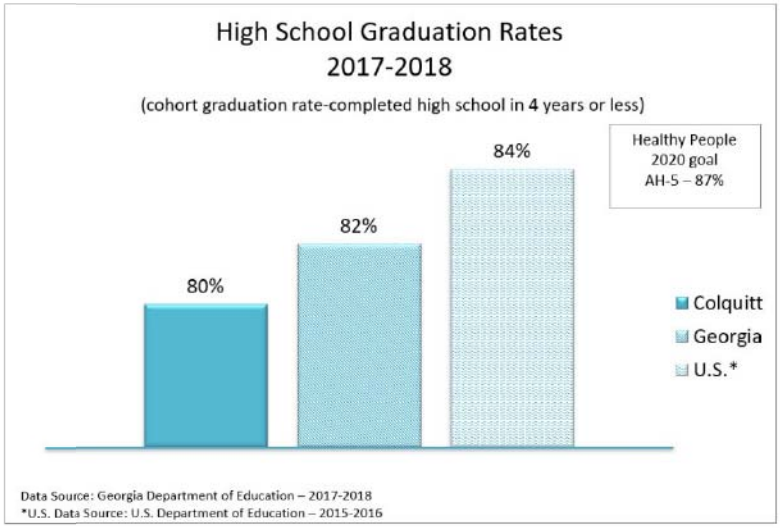
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[107] According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.[108] Individuals with higher educational attainment often secure jobs that provide health insurance. Young people who drop out of school also have higher participation in risky behaviors, such as smoking, being overweight, or having a low level of physical activity.[109]



From 2013-2017, 73 percent of Colquitt County residents were a high school graduate or higher compared to Georgia's average of 86 percent. An average of 13 percent of Colquitt County residents had a bachelor's degree or higher compared to Georgia's higher average of 30 percent.

The U.S Department of Education requires all states to publicly report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.[110]

In 2017-2018, Colquitt County had an average of 80 percent of students who completed high school in four years or less. Colquitt County's rate was below the Georgia average (82 percent) and the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

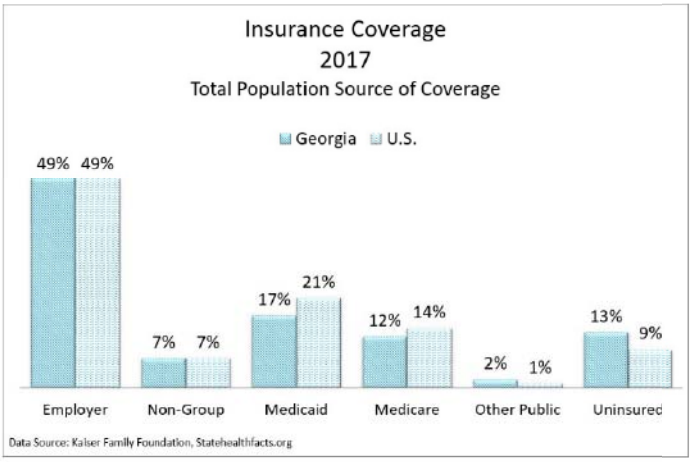


Insured Status

The ability to access healthcare is significantly influenced by an individual's insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered "under insured," due to policy restrictions and high deductibles and coinsurance.

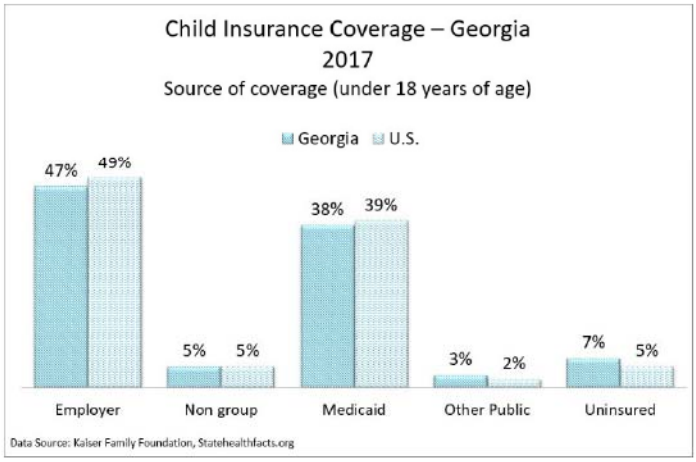
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs are targeted to specific segments of the population based on income and/or age. There are individuals eligible for public programs which may not enroll due to paperwork complexity, lack of knowledge of program, or fear of government interference.

GEORGIA INSURED STATUS

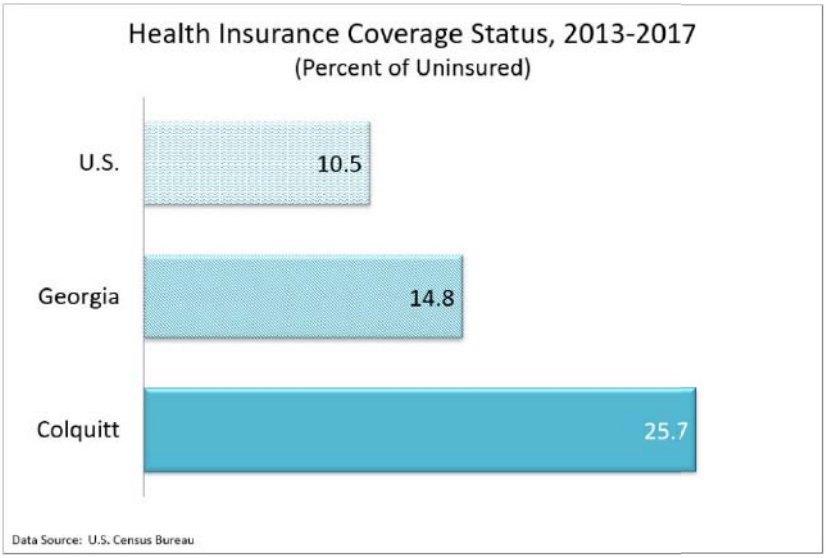


In 2017, Georgia's uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

In 2017, Georgia's population of uninsured children was 7 percent which was more than the U.S. (5 percent). The percent of Georgia children covered by Medicaid was lower (38 percent) than the U.S. rate (39 percent). Employer coverage in Georgia was lower (47 percent) than the U.S. rate (49 percent).



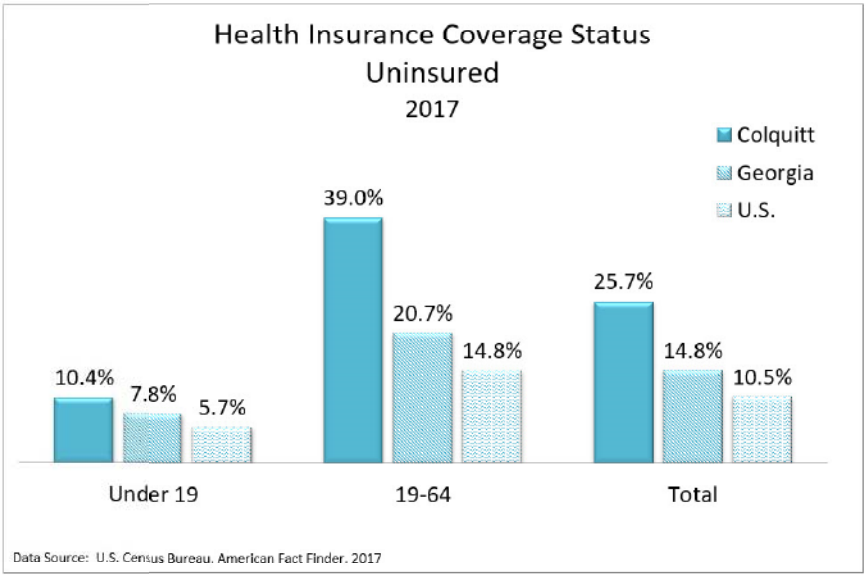
COLQUITT COUNTY INSURED STATUS



The proportion of uninsured individuals in Colquitt County (25.7 percent) was higher than Georgia (14.8 percent) and higher than the U.S. (10.5 percent).

The percentage of children under 19 who lacked health insurance in Colquitt County was higher than Georgia and the U.S.

The percentage of adults ages 19-64 that lacked health insurance in Colquitt County was higher than Georgia and the U.S.



Georgia Health Assistance and Healthcare Programs

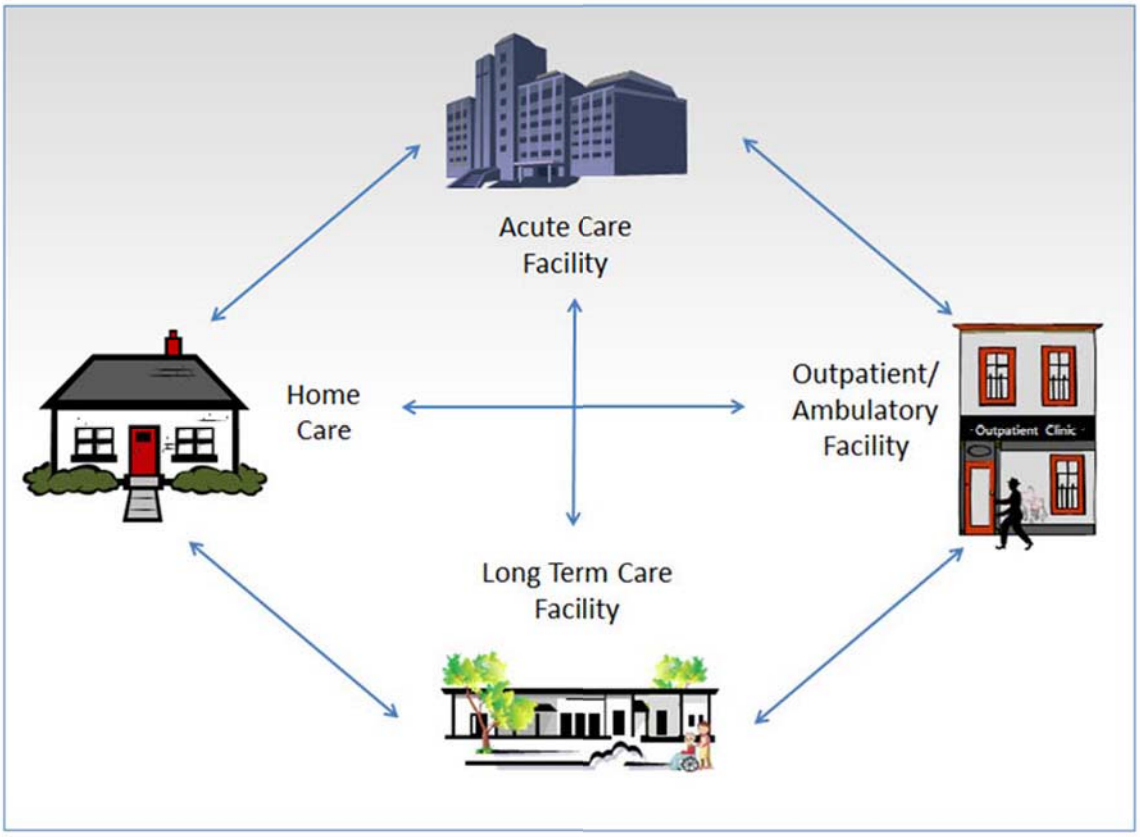
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- **PeachCare for Kids (CHIP)** offers a comprehensive health care program for uninsured children living in Georgia whose family income is less than or equal to 235 percent of the federal poverty level.
- **Long Term Care and Waiver Programs:**
  - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
  - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
  - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
  - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- **Georgia Families** delivers health care services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a woman must be at or below 200 percent of the federal poverty level.
- **Health Insurance Premium Payment (HIPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- **Georgia Long Term Care Partnership** offers individuals quality, affordable long-term care insurance and a way to received needed care without depleting their assets (Medicaid asset protection).
- **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast cancer or cervical cancer and cannot afford to pay for treatment.

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Colquitt County,16.9 percent of the population is over the age of 65, making many of them eligible for Medicare.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.[111] There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



Accessing these facilities at the appropriate time is very important to the overall well-being of an individual. Additionally, there is a need for constant communication and appropriate diagnosis by the provider to help a patient navigate the complex healthcare network. Social workers, case-workers, and patient-advocates play an active role in assisting a patient in navigating the healthcare system as it relates to their medical complexity and insurance status.

Colquitt County is home to Colquitt Regional Medical Center, a 99-bed not-for-profit, community hospital. Colquitt Regional Medical Center offers many services including: bariatric services, cardiovascular services, diagnostic imaging services, dialysis services, digestive services, education services, emergency department, food & nutrition, home health services, intensive care, Kids Care, laboratory services, urgent care clinic, oncology, orthopedics, pain center, patient financial services, pediatrics pharmacy, primary care clinic, rehabilitation services, respiratory care, sleep study center, spine center, surgery, and labor and delivery.

Colquitt County is approximately one hour from Albany and Tallahassee, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see *Transportation* section). Certain physician specialties have been brought into the community in recent years to help address this need.

Sliding Fee Scale Clinics and Reduced Cost Clinics

Colquitt County Health Department offers services at reduced cost to residents of Colquitt County. These services include: hypertension treatment and management, diabetes management, family planning services, immunizations, nutrition and WIC services, and child health services.

The Ellenton Clinic is part of the Southwest Georgia Public Health District 8-2 services. It offers primary care, pediatric services, dental services, and women's health services at low cost to uninsured or underinsured agricultural workers of Colquitt County and surrounding counties. In order to qualify, fifty-one percent of the total family income must come from agriculture.[112] A majority of the population served by this clinic are Hispanic migrant farmworkers (see *Special Populations* section).

Sterling Group Primary Care Clinic provides health care services for the entire family. The clinic treats patients by appointment and accepts walk-ins. The facility has 18 exam rooms, two special procedure rooms, an on-site laboratory and x-ray services. Office hours are Monday through Friday, 9 a.m. to 6 p.m., and Saturdays, 9 a.m. to 12 p.m.[113]

CareConnect is a community health center located in Moultrie and surrounding areas. There is an urgent care clinic located in Moultrie that is open seven days a week with extended hours from 9 a.m. to 8 p.m. The center offers walk-in appointments and is a cost-effective alternative to the ER.[114]

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Colquitt County is considered an MUA based on its Index of Medical Service Score of 46.2.[115]

Mental Health

Colquitt County has facilities outside the County that provide mental health and substance abuse services. The community reported a lack of local mental health facilities for outpatient and crisis services.

- Turning Point Hospital offers a wide array of behavioral health services for the community; these include in-patient psychiatric stabilization, in-patient detoxification, partial hospitalization program, and intensive outpatient program. Turning Point Hospital accepts Wellcare, Peach State Health Plan, Amerigroup, Medicare, and commercial insurance.
- The National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Moultrie. This chapter offers a free 12 week course for family caregivers of individuals living with a mental illness. Most chapters provide family support to those individuals with loved ones suffering from a mental illness. [116]

Professional Shortage Areas as of January 2019

	Colquitt County
Primary Care Shortage	✓
Mental Health Shortage	✓
Dental Health Shortage	✓

Data Source: Health Resources and Services Administration, http://hpsafin.hrsa.gov/

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.[117] SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. Colquitt County has four skilled nursing facilities. All of these facilities accept Medicare and Medicaid. The combined number of beds among these facilities is currently 287 beds.[118]

Transportation

Colquitt County has a land area of 552 square miles.[119] Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for specific populations. These transportation services are limited. Many people in the community cited transportation as major issue preventing access to care. LogistiCare provides Medicaid transportation to qualified patients.

Finding a Health Care Provider Whom the Patient Can Trust

Once the appropriate level of care and needed services are identified, it is important for the patient to find a provider they can trust and communicate with. Individuals with a usual source of care have better health outcomes and fewer disparities and costs. For this reason, patient centered medical homes have been a popular solution to increase communication and trust between the provider and patient.

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.[120]

Patient-centered medical homes are at the forefront of primary care. Primary care is care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis.[121] There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians.

Primary care practices can more actively engage patients and their families and caregivers in the management or improvement of their health in the following ways:

- Communicate with patients about what they can expect out of the patient-doctor relationship.
- Support patients in self-care. This includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans.
- Partner with patients in formal and informal decision-making. Shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes.
- Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.[122]

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Access to Care

- Colquitt is one of the highest poverty counties in the state of Georgia.
- There is a lack of knowledge of available resources.
- There are a lot of advertisements for free education like lunch and learns in the newspaper, but this form of marketing is not getting to the most underserved populations.
- Churches would be a good way to advertise health education offerings.
- There is a need for more outreach and there is a lack of knowledge of available resources. These are the two most needed efforts in order to increase access to care.
- The county has plenty of specialists for a county of its size.
- There is a need for a urologists and cardiologists.
- One of the largest opportunities is to communicate health education materials, resources, and classes to the most underserved populations. There is a lack of communication of resources to this population group.
- Transportation is an issue due to lack of convenience. There is a transportation system called Destiny Transit. You may have a doctor's appointment at 9:00 am but the transit system may have to pick you up at 6:00 am in order to include you on the route.
- Education is really the key to success for most individuals. There is a need for individuals to obtain higher education than a high school diploma.
- There is a need for more pediatric primary care for a community of this size.

Access to Care

- There are a lot of no-show appointments that are a result of lack of transportation.
- One of the biggest barriers to healthcare access is get the people who need the information the most to be engaged in health promotion activities.
- Town Hall meetings are helpful for getting information out and issues addressed.
- There is a lack of health literacy. People do not understand the ramifications of their lifestyle decisions which feeds into all the other health outcomes.
- Access to medications due to high cost is major barrier to care.
- The people that need to be reached do not go on social media or read the newspaper.
- There is a need for effective outreach, communication, and education to impact behavior change.
- There are a lot of people who think a diagnosis is a death sentence, so they are scared to attend free screenings.
- The hospital has convenient care clinic.
- When an individual is living in poverty, they ignore medical needs.

Access to Care (Resources already in place)

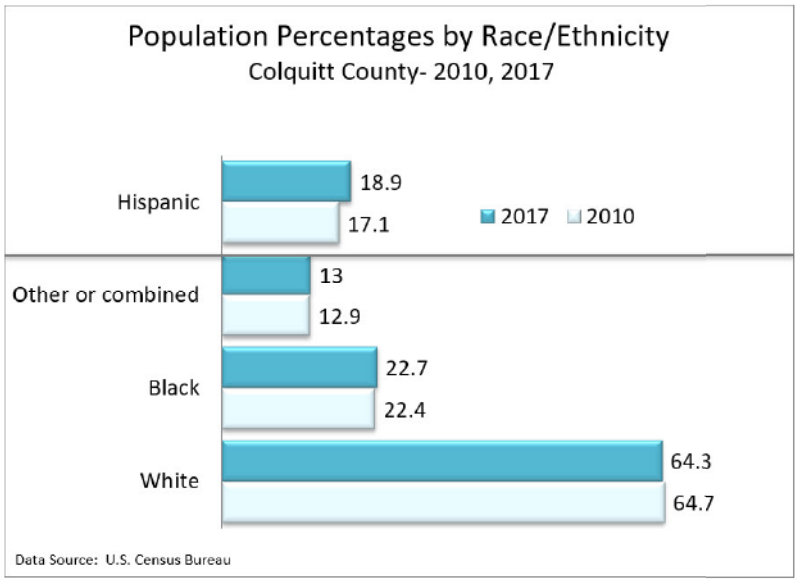
- There is a sliding fee (reduced cost care) primary care clinic in Moultrie on Mainstreet that is open seven days a week.
- WIC provides whole grains, milk, and healthy veggies and fruits to eligible women and children.
- There is Medicaid transportation, but you must schedule a week in advance.
- The Hero Center is hoping to open a center to address the need for interventions for those children who have suffered sexual abuse.
- Food Stamps (SNAP) allocations have increased. It is based on income and how many are in the family. The WIC people no longer come to get WIC because it is a hassle to get the education and WIC vouchers.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

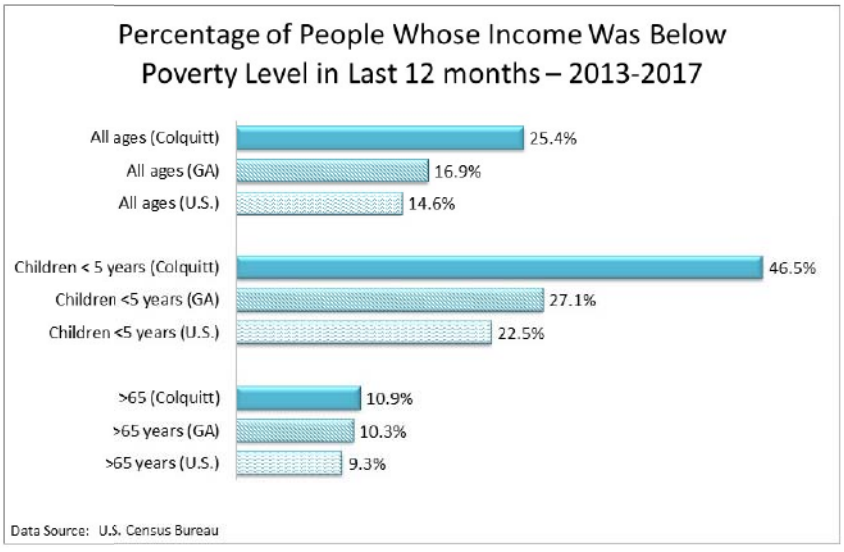
A health disparity is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion."

Healthy People 2020



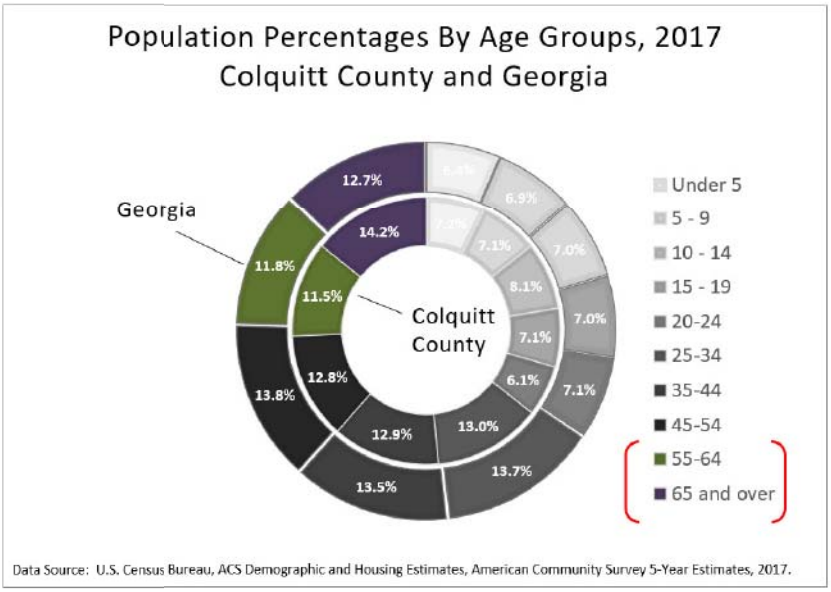
The Hispanic population represents a large percent of the population in Colquitt County. Please reference the Community Input section on Hispanic Population.

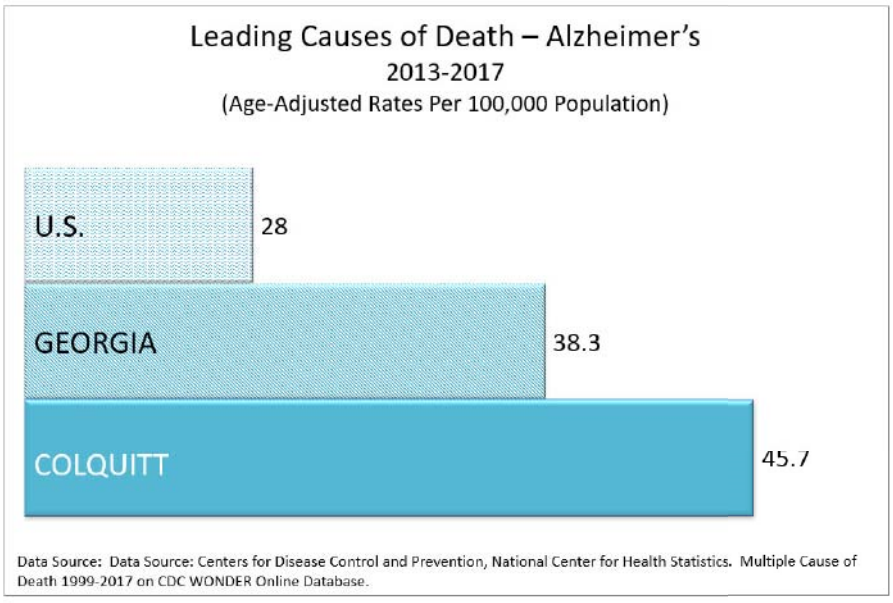
The poverty rates in Colquitt County were highest among the children under 5 population.



Senior Health

The population proportion of those aged 55 and over in Colquitt County is approximately 25.7 percent. Georgia's proportion of those aged 55 and older is roughly 25 percent or one in four individuals.





The Alzheimer's disease death rate was higher compared to Georgia and the U.S.

COMMUNITY INPUT

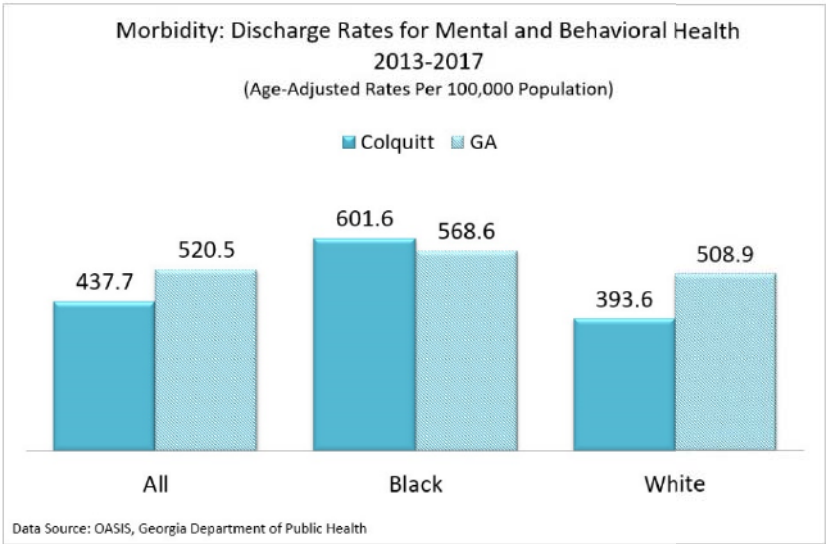
The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Hispanic Population and Migrant Farmworkers

- Ellenton has two mobile clinics that go into the farms after farmers get off work. They do primary care services and treat conditions like colds and sore throats.
- Hispanics get the staple foods that will feed more children, like rice and beans. They eat very carb heavy which can increase obesity and diabetes rates among this population.
- About 60 percent of the health department's patients are Hispanic.
- There is a migrant farm clinic in Ellenton. You must be migrant farmworker in order to qualify. You must work for a valid farmer. They check to make sure pay stub is coming from a valid farmer/farm business.
- The Ellenton Clinic has a transport van that helps women get to their prenatal appointments.
- The Hispanic population is a large population in this community. Their diet is very carb heavy and a lot get diabetes. There is need for more education and intervention for this population group.
- The migrant farmworker nurses come in the month of June to start doing health outreach to all the migrant farmworkers.

Mental and Behavioral Health

Mental and behavioral health conditions include disorders related to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mood [affective] disorders, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders[123].



Colquitt County had a lower discharge rate due to mental and behavioral health compared to Georgia.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Mental and Behavioral Health

- There is a need for more access to mental health facilities.
- The hospital faces barriers to getting reimbursed for psychiatric diagnoses since it is not a psychiatric hospital.
- There is a substance abuse issue in Colquitt County. There are a lot of addicts that want help. It takes six months to a year to get them help.

Mental and Behavioral Health

- Substance abuse leads into other abuses and forms of child neglect.
- Around 75-85 percent of substance abusers do not have health insurance.
- Turning Point (behavioral health) has two beds for Medicaid patients.
- There is a lack of knowledge of getting mental health help before it is too late. Individuals do not know the symptoms.
- There is a need for a crisis mental health center in Moultrie. The closest one is in Thomasville.
- There is a need for more outpatient treatment options in Colquitt County for mental and behavioral health.

PRIORITIES

About Community Input

Focus group participants generated the following health priorities, based on the review of health data, their own experience, and focus group discussions.

The groups used a modified version of the nominal group technique to set priorities. During the meeting, participants were asked to discuss which health needs they felt were of priority interest to the community. During the discussion, the facilitator recorded the health issues on poster paper as identified. When all participants provided their input, the facilitator reviewed the identified needs with the group and, with the advice of the participants, added, deleted, combined, or clarified issues.

Each participant was then provided ten points (in the form of ten sticky dots) and told each dot represented one point. Each participant was asked to study the listings of health issues, get up from their seat, and affix dots to the topic on the health issues/problems list that represents their highest priorities. Participants were asked not to give any one health topic more than four points. This assured each participant identified at least three health issues.

After participants placed their points on the health needs list, the number of points for each health issue was tallied. The facilitator read the top priorities, based on the number of points each problem received. The facilitator asked the following questions:

- Do the votes as tallied reflect the major health problems and highest priority health issues?
- Are you pleased with the priorities this group has chosen?
- Do you think others would support these priorities?
- Is each health priority amenable to change?

If the answer was no to any of these questions, the facilitator revisited the process and discussed making changes in the priorities. If there were significant barriers associated with the first choices or other anomalies, and if time allowed, voting was repeated. If there was not sufficient time to re-vote the facilitator suggested a way to rectify the identified problems.

The objective was to conclude the session with the top three to five health priorities identified and agreed to by the participants, (i.e., the health issues with the three to five highest scores). The community's priority list of health problems listed below was the result of the community health input session.

Focus Group Meetings and Priorities

Two community focus group meetings were conducted on May 13th and May 14th, 2019.

The following issues were identified as "priority" needs by the community participants. The findings are listed in the order of priority.

1. Mental and Behavioral Health/Substance Abuse
    a. There is a lack of local mental and behavioral health facilities for both crisis and outpatient treatment options.
    b. There is lack of knowledge about getting mental health help before it becomes a crisis. There is a need for education and awareness on the signs of and symptoms of mental illness.
    c. There is a need for more awareness on the substance abuse issues in the community. A lot of individuals self-medicate with drugs.
    d. Mental and behavioral healthcare for adolescents is needed, but the lack of parental engagement was reported as a barrier to getting children the care they need and recognizing that their children need the care.

2. Access to Care
    a. There is lack of communication and collaboration of available community resources. There is a need for centralized resource directory.
    b. There is a need for more effective outreach, education, and screenings to the most underserved population groups.
    c. There is a lack of health literacy or knowledge of about one's health and what is healthy and what is not.
    d. There is a lack of access to medication due to high cost.
    e. There is a lack of transportation.

2. Lifestyle and Obesity
    a. There is a need for education and outreach on personal accountability, self-control, and taking charge of one's health.
    b. There is a lack of education on money management.
    c. There is a need for more education and outreach on early screenings for prevention of cancer.

3. Adolescent Health
    a. There is a need to increase access to healthcare for underserved adolescent populations while they are in school.
        i. A school-based health care clinic is needed to address this issue.
    b. There is a need for a higher level of parental engagement and outreach on methods for raising a healthy child. The lack of parenting engagement and accountability was the main theme associated with adolescent health. Mental and behavioral healthcare for adolescents is needed, but the lack of parental engagement was reported as a barrier to getting children the care they need and recognizing that their children need the care.

Hospital Input

In determining the priority health needs of the community, the Community Health Steering Committee (CHSC) met to discuss the observations, comments, and priorities resulting from the community meetings, stakeholder interviews, and secondary data gathered concerning health status of the community. The CHSC debated the merits or values of the community's priorities, considering the resources available to meet these needs. The following questions were considered by the CHSC in making the priority decisions:

- Do community members recognize this as a priority need?
- How many persons are affected by this problem in our community?
- What percentage of the population is affected?
- Is the number of affected persons growing?
- Is the problem greater in our community than in other communities, the state, or region?
- What happens if the hospital does not address this problem?
- Is the problem getting worse?
- Is the problem an underlying cause of other problems?

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the CHSC identified the following priorities:

- Mental and Behavioral Health/Substance Abuse
- Access to Care/Transportation
- Lifestyle and Obesity
- Adolescent Health

Approval

Colquitt Regional Medical Center's Board approved this community health needs assessment through a board vote on September 23, 2019.

Special Thanks to Community Participants

Colquitt Regional Medical Center would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in one of the three one-on-one key stakeholder interviews or attending one of the two focus groups held on May 13th or 14th, 2019. There were over 40 community participants who attended these events.

Also, special thanks to Colquitt Regional Medical Center's Community Health Needs Assessment Steering Committee (CHSC) for their time and effort towards the project.

Jim Matney – President and CEO

Alana Anderson - Director, Maternal Infant Services
Matthew Clifton - Director, Pharmacy and Oncology Services
Whitney Costin - Director, Patient Satisfaction
Rita Gay - Director, Respiratory Services
Jessica Jordan, Compliance Officer and Internal Auditor
Robin Tillman - Joint Commission/Accreditation Coordinator
Emily Watson - Marketing Director
Shana Wertz - Asst. Vice President Home Care Services
Dena Zinker - Vice President and Chief Nursing Officer

Colquitt Regional Medical Center and the CHSC look forward to the continuation of this collaborative project with our community. So many great ideas were shared during this process. The CHNA is just the beginning of our 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.

RESOURCE LISTING

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.

ALLERGY/IMMUNOLOGY

Joseph H. Berger, MD
1 Sweet Bay Court
Moultrie, GA 31768
229-985-1822

305 West Hansell Street
Thomasville, GA 31972
229-228-6355

904 4th Street
Cairo, GA
229-397-8282

ANESTHESIOLOGY

Frederick Powell, MD
Venu Madhipatia, MD
Joel Lopes Jr., MD
3131 South Main Street
Moultrie, GA 31768
229-891-9548

AUDIOLOGY

South Georgia Audiology and Hearing Center
Nathan Rhodes, AuD
1 Sweet Bay Court
Moultrie, GA 31768
229-985-1822

Joseph Berger, MD
1 Sweet Bay Court
Moultrie, GA 31768
229-985-1822

Sterling Group Ear, Nose, and Throat
Kellie Smith, AuD, FAAA
3 Hospital Park
Moultrie, GA 31768
229-891-3325

Raymond Aldridge, MD
3 Hospital Park
Moultrie, GA 31768
229-891-3325

Laurie McDaniel Scarrow, AuD
Hearing Center of Moultrie
27 8th Avenue S.E.
Moultrie, GA 31768
229-985-3277 (EARS)

ASSISTED LIVING FACILITIES

Magnolia Manor South
3011 Veterans parkway
Moultrie, GA 31788
229-985-0265

Golden Apple
606 5th Ave. SE
Moultrie, GA 31768
229-890-5313

Legacy Village at Park Regency
3000 Veterans Parkway
Moultrie, GA 31788
229-890-3342

Colquitt Garden Manor
498 5th St. SE
Moultrie, GA 31768
229-891-3336

BIRTH CERTIFICATES

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229-589-8463

BLOOD DONATIONS

American Red Cross
1-800-RED-CROSS
1-800-733-2767
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeedingonline.com

La Leche League of GA Hotline
404-681-6342

CAR SEAT RESOURCES AND SAFETY

Sterling Center Women's Health
229-985-2198
Free Child Birth Classes with Complimentary Car Seat

Car Seat Installation- Moultrie Police Department
229-985-3131 (ask for an officer certified for car seat installation)

CARDIOLOGY

Lawrence Ukpong, DO
Julie Posey, NP-C
1 Sweet Bay Court
Moultrie, GA 31768
229-891-9087

Paliavi Luthra, DO
Benjamin McLeod, FNP-C
115 31st Avenue SE
Moutrie, GA 31768
229-890-5305

CANCER SUPPORT SERVICES

Moultrie Oncology Support Team (M.O.S.T)
Colquitt Regional Medical Center
Meets 1st Monday of each month 7pm
Location: Ferguson Board Room
Edwards Cancer Center 229-890-3514
Team Leader- 229-985-3353 or 229-891-1929

Live Strong

YMCA

229-985-1154

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS
877-255-4254

Georgia Division of Children and Family Services
877-423-4746

Colquitt County DFCS
449 N. Main Street, Ste A
Moultrie, Georgia 31768
229-217-4000

FAMILY MEDICINE CLINICS

Sterling Group Primary Care
6 Hospital Park
Moultrie, GA 31768
229-985-3320

Sterling Group Kirk Clinic
8 Laurel Court
Moultrie, GA 31768
229-891-9016

Norman Park Family Medicine
137 E. Broad Street
Norman Park, GA 31771
229-769-3500

Georgia South Family Residency Center
1 Magnolia Court
Moultrie, GA 31768
229-502-9769

CLOTHING RESOURCES

Salvation Army
www.salvationarym.usa.org

Goodwill Retail Store
359 Commerce way
Tifton, GA 31794
229-382-0093

Goodwill Retail Store
15072 US Hwy 19
Thomasville, GA 31792
229-226-2465

COUNSELING

Covenant Counseling Center
600 2nd Street Southeast
Moultrie, GA 31768
229-890-2288

Family Recovery of Southwest Georgia
719 1st St. SE
Moultrie, GA 31768
229-456-2022

Anodyne Counseling
600 1st St. SE
Moultrie, GA 31768
229-985-8452

Ben Marion, LCSW, LMFT
Moultrie, GA
229-225-8296

CRISIS INTERVENTION

National Domestic Violence Hotline
800-799-7233

Serenity House (Domestic Violence)
Crisis Line: 229-890-7233
Office: 229-782-5394
Hearing Impaired: 229-782-7283

Georgia Mobile Crisis Response Services
1-800-715-4225

DENTAL (LOW-INCOME)

Farrey Family Dentistry
513 South Main Street
Moultrie, GA 31768
229-890-3908

DENTISTRY

Alfred Aguero, ED, MD
4 Magnolia Court
Moultrie, GA 31768
229-985-6499

Jay Cranford, DMD
4 Long Leaf Office Park
Moultrie, GA 31768
229-985-9087

Timothy B. Fagan, MDM, PC
7 Longleaf Office Park
Moultrie, GA 31768
229-985-4674

Stephen W. Moore, DDS, PC
3 Longleaf Office Park
Moultrie, GA 31768
229-985-7290

Perfect Smile
307 Fifth St., SE
Moultrie, GA 31768
229-985-5092

Jeffery Barnett, DDS
5 Sweet Bay Court
Moultrie, GA 31768
229-985-3367

David Howington, DMD
8 Longleaf Office Park
Moultrie, GA 31768
229-985-8504

Michael D. Marable, DMD
307 5th Street SE
Moultrie, GA 31768
229-985-5092

Lee Redding, DDS
John Lee Redding, DMD
1 hospital Park
Moultrie, GA 31768
229-985-3363

Jason Lairsey, DMD
4 Longleaf Park
Moultrie, GA 31768
229-985-9087

DERMATOLOGY

Robert Lott, MD
Sterling Group Dermatology
760 26th Avenue, SE
Moultrie, GA 31768
229-502-9710

DEVELOPMENTAL NEEDS

Babies Can't Wait
www.health.state.ga.us/programs/bcw

Green Oaks Center
229-891-7300
www.greenoakscenter.com

Colquitt Regional Speech Pathology and
The Learning Center
Hearing screenings, cognitive development, literacy and learning needs
3100 Veterans Parkway
Moultrie, GA 31768
229-502-9701

Parent to Parent of Georgia
800-229-2038

Special Needs Preschool Program
Ages 3 and 4
Contact your child's school

DIAGNOSTIC IMAGING

Open MRI of Tifton
1401 Tift Avenue
Tifton, GA 31794
229-387-6799
866-387-6799

Radiology Associates of Moultrie
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3500

Sterling Center Women's Health
Mammography and Dexascans
3 Sweet Bay Court
Moultrie, GA 31768
229-985-2198

DIALYSIS

Colquitt Regional Dialysis
449 31st Avenue
Moultrie, GA 31768
229-891-9333

EMERGENCIES / URGENT CARE

Emergency Room
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3420

Convenient Care
207 31st Ave., SE
Moultrie, GA 31768
229-217-0088

CareConnect Urgent Care
1401 S. Main St., Moultrie, GA 31768
229-891-3513

FAMILY MEDICINE

Justin Baker, MD
Chris Bazal, MD
Rochelle McCranie, PA-C
Christina Lee, FNP-C
Robert Spruill, MD
Sean Sauls, PC-C
Gary Swartzentruber, MD
Sterling Group Kirk Clinic
8 Laurel Court
Moultrie, GA 31768

Matt Gould, PA
C. Gary Lodge, MD
Billy Ray Price, MD
Sterling Group Primary Care
6 Hospital Park
Moultrie, GA 31768
229-985-3320

Melissa Cardwell, DO
Hope Littleton, NP-C
Kirby Smith, DO
Woodwin Weeks, DO
Jessica Brumbield Mitchum, DO
Georgia South Family Medicine Residency Center
1 Magnolia Court
Moultrie, GA 31768
229-502-9769

FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
449 North Main Street
Moultrie, GA 31768
229-217-4000
www.dfcs.dhs.georgia.gov

Salvation Army
www.salvationarm-georgia.org

FOOD ASSISTANCE

Colquitt County Food Bank
309 3rd Street Southeast
Moultrie, GA 31768
229-985-7725

Women, Infants & Children (WIC)
800-228-9173

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
449 North Main Street
Moultrie, GA 31768
229-217-4000
www.dfcs.dhs.georgia.gov

Southwest Georgia Community Action Council
Meals on Wheels
229-985-3610

FURNITURE SOURCES

Goodwill Industries
www.goodwillng.org

Hope House Thrift Store
704 5th Ave. SE
Moultrie, GA 31768
229-985-4673

The Storehouse Thrift Store
Heritage Church
725 GA Hwy 33 South
Moultrie, GA 31768

Salvation Army
www.salvationarmygeorgia.org

GASTROENTEROLOGY

Mauricio Carballo, MD
Mandi Strickland, PNP-C
Sterling Center Surgery and Medicine
4 Live oak Court
Moultrie, GA 31768
229-785-2400

GENERAL/VASCULAR SURGERY

Robert M. Brown, MD
Stephanie Diers, NP
Thomas L. Estes, MD, FACS
Amber J. Holt, DO
Phyllis Hughes, FNP-C
Howard L. Melton, MD, FACS
William Stembridge, DO
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

GED CLASSES

Southern Regional Technical College
229-217-4133

HEALTH INSURANCE

Medicaid
Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

PeachCare for Kids
877-427-3224
www.peachcare.org

Medicare
800.MEDICARE / 800.633.4227
Medicare Service Center:
877-486-2048
Report Medicare Fraud & Abuse:
800-HHS-TIPS / 800-447-8477
www.medicare.gov

HOME CARE SERVICES

Colquitt Regional Medical Center Home Care Services
415 Rowland Dr.
Moultrie, GA 31768
229-891-2128

Allcare Services- Private Home Care Providers
www.allcarega.com
478-254-3621

Amedisys Home Health
220 GA Highway 33 S.
Moultrie, GA 31768
229-502-4260

SouthernCare Moultrie
412 First Street, SE
Moultrie, GA
229-217-0523

HEARING AIDS/ASSISTIVE DEVICES

Laurie McDaniel Scarrow, AuD
Hearing Center of Moultrie
27 8th Avenue SE
Moutrie, GA 31768
229-985-3277 (EARS)

Kellie Smith, AuD, FAAA
Sterling Group Ear, Nose and Throat
3 Hospital Park
Moultrie, GA 31768
229-891-3325

HOSPICE PROVIDERS

Colquitt Regional Medical Center Hospice
415 Rowland Dr.
Moultrie, GA 31768
229-890-3526
www.colquittregional.com

Regency Southern Care
143 Highway 310 S
Suite 1
Moultrie, GA 31768
229-217-0523
www.southerncareinc.com

HOSPITALS

Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3420

HOSPITALISTS

Catherine Brown, MD
Joseph B. Beavers, MD
Jared Cardwell, MD
Tamara Johnson, MD
Wit Kabange, MD
Michael Kelley, MD
Robert Spruill, MD
John Bump, DO
Woodwin Weeks, DO
Jenna Bates, DO

Brett Krummert, MD
Erick Myrtil, MD
Heather Champion, FNP-NP

Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3420

HOUSING / UTILITY ASSISTANCE

Georgia Housing Search
www.georgiahousingsearch.org

Utility Assistance (for existing costumers)
Georgia Power: 888-660-5890
City of Moultrie-229-985-1974
Colquitt EMC-229-985-3620

Moultrie Housing Authority
229-985-4162

INFECTIOUS DISEASE

Tamara Johnson, MD
Sterling Group Infectious Disease
6 Hospital Park
Moultrie, GA 31768
229-891-9009

INTERNAL MEDICINE

Frands Kundi, MD
14 Hospital Park
Moultrie, GA 31768
229-985-1156

James Huffman, MD
Todd Trebony, MD
Kaylan Lancaster, FNP-C
Sterling Group Internal Medicine
2509 South Main St.
Moultrie, GA 31768
229-890-1442

J. Clyde Lamon, MD
Moutrie Internal Medicine
320 Sunset Circle
Moultrie, GA 31768
229-985-5200

JOB TRAINING

Georgia Department of Labor
Career Centers
www.dol.state.ga.us/js/

Goodwill Retail Store and Training Center
Thomasville: 229-226-2465
Tifton: 229-382-0093

LEGAL ISSUES

Georgia Legal Services
800-822-5391

Division of Child Support Services
111 B South Patterson St.
Valdosta, GA 31603
1-844-694-2347

MEDICAL FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
449 North Main Street
Moultrie, GA 31768
229-217-4000
www.dfcs.dhs.georgia.gov

Medicaid
Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

Medicare
800-MEDICARE / 800-633-4227
Medicare Service Center:
877-486-2048
Report Medicare Fraud & Abuse:
800-HHS-TIPS / 800-447-8477
www.medicare.gov

Colquitt Regional Medical Center Financial Counselors
Colquitt Regional Medical Center, Main Campus
3131 South Main Street
Moultrie, GA 31768
229-891-9429, 229-891-9065

MEMORY CARE

Legacy Village at Park Regency
3000 Veterans Parkway
Moultrie, GA 31788
299-890-3342

MENTAL HEALTH/BEHAVIORAL HEALTH

Colquitt County Mental Health Center
615 N Main Street
Moultrie, GA 31768
229-891-7160

Turning Point
3015 Veterans Parkway
Moultrie, GA 31788
1-800-342-1075
229-985-4815

NEPHROLOGY

Daryl O. Crenshaw, MD
W. Merrill Hicks Jr., MD
Raul G. Santos, MD
3131 South Main Street
Moultrie, GA 31768
229-891-9333

NEUROLOGY

Kent Posey, MD
Rebecca Mobley, FNP-C
Sterling Group Southern Neurology and Neurosciences
6 Hospital Park
Moultrie, GA 31768
229-502-9735

NURSING HOME/SKILLED NURSING FACILITIES

Pruitt Health Magnolia Manor South
3003 Veterans Parkway S
Moultrie, GA 31788
229-985-34222
www.magnoliamanor.com

Pruitt Health Sunrise
2709 S Main Street
Moultrie, GA 31768
229-985-7173

Pruitt Health of Moultrie
233 Sunset Circle
Moultrie, GA 31768
229-985-4320

Cobblestone Rehabilitation and Health Center
101 Cobblestone Trace, SE
Moultrie, GA 31768
229-985-3637

OB/GYN

Jim Small, MD
Linnea A. Mehls, MD
Michele Holzman, CNM/APRN
Jessica Fields NP-C
Sterling Center Women's Health
3 Sweet Bay Court
Moultrie, GA 31768
229-985-2198

ONCOLOGY

Roxana Aguirre, MD
Wen-Hui "William" Zhu, MD, PhD
Edwards Cancer Center
3131 South Main Street
Moultrie, GA 31768
229-890-3514

OPTOMETRY/OPHTHAMOLOGY

Moultrie Eye Center
Josh Newton, MD
Derrick Thornton, OD
2375 South Main Street
Moultrie, GA 31768
229-985-2020

South Georgia/North Florida Eye Partners
Scott Petermann, MD
Wes Ross, MD
Garrett Webster, MD
Valerie Ferrell, OD
Melanie Hill, OD
Eric Kolisz, OD
Jodie Norman, OD
Lauren Rowe, OD
Ricky Rowe, OD
115 5th Street SE
Moultrie, GA 31768
229-890-8016

4120 North Valdosta Road
Valdosta, GA 31602
229-244-2068
416 Tift Avenue
Tifton, GA 31794
229-391-4180

200 Doctor's Drive #105
Douglas, GA 31533
912-384-1840

234 SW Range Avenue
Madison, FL 32340
850-973-3937

OTHER AGENCIES/CLINICS

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229-589-8463

Ellenton Clinic
185 North Baker Street
Ellenton, GA 31747
229-324.2845

Hope House Pregnancy Center
704 5th Ave. SE
Moultrie, GA 31768
229-985-4673

ORTHOPEDICS

Jabari Martin, MD
C. Curt Starling, MD
Dexter Love, MD
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

Vereen Rehabilitation Center
3100 Veterans Parkway
Moultrie, GA 31768
229-890-3553

OTOLARYNGOLOGY

Raymond Aldridge, MD
3 Hospital Park
Moultrie, GA 31768
229-891-3325

11 W. 12th Street
Tifton, GA 31794
229-891-3325

Joseph H. Berger, MD
1 Sweet Bay Court, Suite D
Moultrie, GA 31768
229-985-1822

PAIN MANAGEMENT

Colquitt Regional Pain Management Services
Venu Madhipatla, MD
Kimberly Powell, PA-C
3131 South Main Street
Moultrie, GA 31768
220-891-9548

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

PATERNITY

Division of Child Support Services (DCSS)
111 B South Patterson Street
Suite 202
Valdosta, GA 31603
1-844-694-2347

PATHOLOGY

Anthony Moser, MD
Corey Porteus, D.O
Sterling Group Pathology
P.O. Box 2047
Moultrie, GA 31776
229-985-7977/229-890-3440

PEDIATRICS

Bo Edwards, M.D.
CareConnect Pediatrics
1 Sweet Bay Court Suite A
Moultrie, GA 31768
229-985-1457

PHARMACIES

LINK TO THE WEBSITE BELOW FOR A COMPLETE LISTING:

HTTPS://WWW.YELLOWPAGES.COM/MOULTRIE-GA/PHARMACIES

PODIATRIC SURGERY

Ankle & Foot Associates, LLC
Nic Dodson, DPM
3 Magnolia Court
Moultrie, GA 31768
229-247-7707

PHYSICAL THERAPY / REHABILITATION SERVICES

Vereen Rehabilitation Services
3100 Veterans Parkway S
Moultrie, GA 31768
229-890-3553
www.vereencenter.com

Regional Therapy Services
300 Sunset Circle
Moultrie, GA 31768
229-985-2080
www.regionaltherapyservices.com

POSTPARTUM DEPRESSION

Georgia Crisis Line
800-715-4225
www.bhlweb.com/tabform

Meetup
www.postpartum.meetup.com

Postpartum Support International
800-944.4773
Text: 503-894-9453
www.postpartum.net

National Women's Health Information Center
800-994-9662
www.womenshealth.gov

PROSTHETIC DEVICES

Central Orthotics and Prosthetics
304 Sunset Circle
Moultrie, GA 31768
229-891-2636

PUBLIC LIBRARIES

Moultrie-Colquitt County Library
204 5th Street SE
Moultrie, GA 31768
229-985-6540

Doerun Municipal Library
185 N Freeman Street
Doerun, GA 31744
229-782-5507

PUMONOLOGY

Michael Brown, MD
Rebecca Peters, FNP
Sterling Group Pulmonology
7 Hospital Park
Moultrie, GA 31768
229-985-4469

RADIOLOGY

James W. Keith, MD
Lee McGill, MD
Jacob Schwartz, MD
Radiology Associates of Moultrie
3131 South Main Street
Moultrie, GA 31768
229-985-3420

RECREATION

Boys & Girls Clubs of Moultrie-Colquitt County
420 W Central Ave
Moultrie, GA 31768
229-890-8600

Moultrie Colquitt County Art Center
401 7th Ave. SE
Moultrie, GA 31768
229-985-1922

Moultrie YMCA
601 26th Ave SE
Moultrie, GA 31768
229-985-1154
www.moultrieymca.org

Museum of Colquitt County History
501 4th Ave. SE
Moultrie, GA 31768
229-890-9500

REHABILITATION

Moultrie YMCA
601 26th Avenue SE
Moultrie, GA 31768
229-985-1154

Pruitt Health Moultrie
233 Sunset Circle
Moultrie, GA 31768
229-985-4320

Regional Therapy Services
300-B Sunset Circle
Moultrie, GA 31768
229-985-2060

Pruitt Health Magnolia Manor
3003 Veterans Pkwy South
Moultrie, GA 31768
229-985-3422

Pruitt Health Sunrise
2709 South Main Street
Moultrie, GA 31768
229-985-7173

Vereen Rehabilitation Services
3100 Veterans Parkway S
Moultrie, GA 31768
229-890-3553
www.vereencenter.com

RHEUMATOLOGY

Sedrick Bradley, MD
Sterling Group Rheumatology
3 Magnolia Court
Moultrie, GA 31768
229-891-9088

SAFETY

Georgia Poison Control
800-222-1222
www.georgiapoisoncenter.org

Moultrie Police Department
229-985-3131

Colquitt County Sheriff Department
229-616-7430

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004
202-662-0600 (P)
www.safekids.org

SLEEP DIAGNOSTICS

The Sleep Diagnostic Lab at
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-890-3520

SMOKING CESSATION

Georgia Tobacco Quit Line
877-270-7867
www.livehealthygeorgia.org/quitline

SPEECH PATHOLOGY

Colquitt Regional Speech Pathology and
The Learning Center
3100 Veterans Parkway
Moultrie, GA 31768
229-891-9323

SPINE SPECIALISTS

Andrew Cordista, MD
Ashley Bostick, NP-C
Sterling Group Spine Center
8 Live oak Court
Moultrie, GA 31768
229-890-6612

SPORTS MEDICINE

Vereen Sports Medicine
3100 Veterans Parkway
Moultrie, GA 31768
229-890-6612

TEEN PREGNANCY SUPPORT

Hope House
P.O. Box 794
704 5th Ave. S.E.
Moultrie, GA 31768
229-890-5244
229-985-7975, Fax
www.hopehousecares.org

TRANSPORTATION

Logisticare -Medicaid only and Medical transport only
1-888-224-7985

Colquitt Regional Medical Center- Medical Transport only
Private Pay- 229-891-9352

Mids Transportation
(anyone/anywhere Colquitt County appointments made from 8-11:00 am)
229-985-1663

Destiny Transit
2407 S. Main St.
Moultrie, GA 31768
229-985-1666
http://swgrc.org/transportation
Provides contracted and public transportation.

UROLOGY

Winston Wilfong, MD
Anthony Davis, Jr., PA-C
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

UROGYNECOLOGY

Cheau Williams, MD
Casey Jo Bennett, FNP-C
Brooke Blease, FNP-C
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-502-9788

UNIFORMS

Uniform Works
113 E. 12th Street
Tifton, GA 31794
229-387-8737

ENDNOTES

[1] U.S. Census Bureau, State and County Quick Facts, www.census.gov
[2] U.S. Census Bureau, State and County Quick Facts, www.census.gov
[3] U.S. Census Bureau, Rural and Urban Classification, www.census.gov
[4] Georgia.Gov, http://georgia.gov/cities-counties/Colquitt-county
[5] Colquitt County Board of Tax Assessors, http://qpublic.net/ga/colquitt/
[6] The New Georgia Encyclopedia, Colquitt County, http://www.georgiaencyclopedia.org
[7] U.S. Census Bureau. On The Map. http://onthemap.ces.census.gov/
[8] U.S. Census Bureau, State and County Quick Facts, www.census.gov.
[9] Kaiser Family Foundation, Key Facts: Race, Ethnicity, and Medical Care, January 2007 update.
[10] Ibid.
[11] Ibid.
[12] Georgia Governor's Office of Planning and Budget
[13] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (2013]. www.cdc.gov/ncipc/wisqars
[14] *Heart Disease, Stroke and Research Statistics At-a-Glance,* American Heart Association/American Stroke Association, www.heart.org; https://healthmetrics.heart.org/wp-content/uploads/2019/02/At-A-Glance-Heart-Disease-and-Stroke-Statistics-%E2%80%93-2019.pdf
[15] Georgia Department of Public Health, OASIS, BRFSS, 2014
[16] Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.
[17] http://www.healthypeople.gov/2020/default.aspx
[18] World Heart Federation, *Stroke*, http://www.world-heart-federation.org/cardiovascular-health/stroke/
[19] Centers for Disease Control and Prevention, *Cancer Prevention and Control*. www/cdc.gov/cancer/dcpc/data/types.htm, April 15, 2019.
[20] Georgia Department of Public Health, *Georgia Cancer Control Consortium: Georgia Cancer Plan,* 2014-2019
[21] Ibid.
[22] American Lung Association, Lung Cancer Fact Sheet, 2018
[23] Cancer Facts & Figures 2018, https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf
[24] Georgia Department of Public Health, *Georgia Cancer Control Consortium: Georgia Cancer Plan,* 2014-2019
[25] National Cancer Institute, State Cancer Profiles, 2011-2015
[26] *Cancer Facts & Figures 2018, https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf*
[27] *Ibid.*
[28] *Colorectal Cancer Facts and Figures, 2014-2016,* p.1 http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf
[29] *Colorectal Cancer Facts and Figures, 2017-2019,* p.5 https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf
[30] *Ibid.*
[31] *Ibid.*
[32] Ibid.
[33] *Cancer Facts & Figures 2018* p.10 https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf
[34] *Ibid.*
[35] *Ibid.*
[36] *Cancer Facts & Figures 2018 p.11 https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf*

[37] *Cancer Facts & Figures 2018 p.11 https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf*

[38] *Ibid.*

[39] Ibid.

[40] Centers for Disease Control and Prevention, https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/ChronicRespiratoryDisease.html

[41] Centers for Disease Control and Prevention, www.cdc.gov, Updated: August 29, 2017.

[42] Georgia Department of Public Health, OASIS, Definitions, https://oasis.state.ga.us/oasis/oasis/help/death.html#external

[43] http://www.healthypeople.gov/2020/default.aspx

[44] Insurance Institute for Highway Safety Highway Loss Data Institute. https://www.iihs.org/iihs/topics/t/general-statistics/fatalityfacts/state-by-state-overview

[45] *Injury Prevention and Control: Motor Vehicle Safety*. http://www.cdc.gov/motorvehiclesafety

[46] *American Diabetes Association, http://www.diabetes.org/diabetes-basics/statistics/*

[47] Ibid.

[48] Ibid.

[49] http://www.healthypeople.gov/2020/default.aspx, January 16, 2016

[50] National Institutes of Health, www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

[51] Harvard T.H. Chan School of Public Health, *Physical Activity,* http://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/physical-activity-and-obesity/

[52] Centers for Disease Control and Prevention, *Diabetes*, http://www.cdc.gov/diabetes/projects/cda2.htm

[53] http://www.healthypeople.gov/2020/default.aspx

[54] Stateofobesity.org/states/ga/

[55] Kaiser Family Foundation, kff.org/other/state-indicator/overweightobese-children/, January 14, 2016

[56] The State of Obesity.org

[57] Centers for Disease Control and Prevention, *Progress on Childhood Obesity* http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html

[58] Centers for Disease Control and Prevention, *Childhood Obesity Causes and Consequences*. http://www.cdc.gov/obesity/childhood/causes.html.

[59] www.healthypeople.gov/2020/topicsobjectives2020, *Maternal, Infant and Child Health*

[60] HealthyPeople.gov, *Health Impact of Maternal, Infant, and Child Health,* http://www.healthypeople.gov/2020/LHI/micHealth.aspx?tab=overview

[61] HealthyPeople.gov, *Maternal, Infant, and Child Health Across the Life Stages,* http://www.healthypeople.gov/2020/LHI/micHealth.aspx?tab=determinants

[62] Centers for Disease Control and Prevention, *Infant Mortality,* http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm

[63] Ibid.

[64] Ibid.

[65] Georgia Department of Public Health, OASIS, *Definitions.*

[66] Centers for Disease Control and Prevention, *About Teen Pregnancy,* http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm

[67] http://www.cdc.gov/pednss/how_tointerpret_data/case_studies/low_birthweight/what.htm, *Why is low birth weight a problem?*

[68] http://www.healthypeople.gov/2020/default.aspx

[69] www.cdc.gov/nchs/fastats/birthweight.htm

[70] Centers for Disease Control and Prevention, Breastfeeding Report Card, 2016.

[71] www.cdc.gov/vaccines, *Why are Childhood Vaccines So Important?*

[72] HealthyPeople.gov, *Understanding Adolescent Health,* http://www.healthypeople.gov/2020/default.aspx

[73] *Heart Disease and Stroke Statistics – 2019 Update: Summary*, American Heart Association

[74] HealthyPeople.gov, *Understanding Adolescent Health,* http://www.healthypeople.gov/2020/default.aspx.

[75] Centers for Disease Control and Prevention, https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6745a5-H.pdf

[76] Physician Leadership on National Drug Policy, *Adolescent Substance Abuse: A Public Health Priority,* http://www1.spa.american.edu/justice/documents/2991.pdf

[77] Physician Leadership on National Drug Policy, *Adolescent Substance Abuse: A Public Health Priority,* http://www1.spa.american.edu/justice/documents/2991.pdf

[78] www.healthypeople.gov/2020/LHI/substanceabuse

[79] County Health Rankings, *Alcohol Use,* http://www.countyhealthrankings.org/health-factors/alcohol-use

[80] Centers for Disease Control and Prevention. (2014). *Reported STDs in the United States*, http://www.cdc.gov/std/stats13/std-trends-508, December 18, 2015

[81] www.cdc.gov/std, *Sexually Transmitted Diseases*

[82] Ibid.

[83] http://www.cdc.gov/std/stats12/minorities.htm

[84] www.cdc.gov/std/chlamydia/stdfacts/chlamydia.htm

[85] Centers for Disease Control and Prevention, *Sexually Transmitted Diseases, STD Rates by Race or Ethnicity*, www.cdc.gov/std/health-disparities/age.htm

[86] Centers for Disease Control and Prevention. https://www.cdc.gov/std/stats17/chlamydia.htm

[87] Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2017*

[88] National Institute of Allergy and Infectious Diseases, www.niaid.nih.gov/gonorrhea

[89] https://www.cdc.gov/std/gonorrhea/stats.htm

[90] Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2013*

[91] https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm

[92] Ibid.

[93] Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2017

[94] OASIS, Georgia Department of Public Health

[95] Centers for Disease Control and Prevention, https://www.cdc.gov/std/stats17/syphilis.htm

[96] *HIV Basics*, https://www.cdc.gov/hiv/basics/statistics.html

[97] www.cdc.gov/hiv/statistics/overview/ataglance.html, March 4, 2016

[98] *HIV Basics*, https://www.cdc.gov/hiv/basics/statistics.html

[99] Ibid.

[100] Ibid.

[101] Ibid.

[102] www.healthypeople.gov/2020/topicsobjectives2020

[103] U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017

[104] Ibid.

[105] *National School Lunch Program*, www.fns.usda.gov/sites/default/files/NSLPFactSheet.pdf, January 14, 2016

[106] Federal Register, 83 FR 20788, Volume 83, No. 89, https://www.govinfo.gov/content/pkg/FR-2018-05-08/pdf/2018-09679.pdf

[107] County Health Rankings, *Education*, www.countyhealthrankings.org/our-approach/health-factors/education, January 16, 2016

[108] National Poverty Center, Policy Brief, #9, March 2007, www.npc.umich.edu

[109] Freudenberg, Nicholas DrPH and Ruglis, Jessica (2007, September 15). *Reframing School Dropout as a Public Health Issue.* www.ncbi.nlm.nih.gov/pmc/articles/PMC2099272

[110] http://www.ed.gov/news/press-releases/*states-begin-reporting-uniform-graduation-rate-reveal-more-accurate-high-school-*

[111] Augmentative Communication News, *Communication access across the healthcare continuum.* Vol. 21, 2. August 2009

[112] Southwest Georgia Public Health, http://rtn.darton.edu/phirn/ellenton_clinic.htm

[113] Colquitt Regional Medical Center, https://colquittregional.com/our-services/other-services/primary-care-clinic

[114] CareConnect Health, https://ccthealth.org/careconnect-urgent-care-moultrie/

[115] Health Resources and Services Administration, hpsafind.hrsa.gov

[116] National Alliance on Mental Illness. http://www.nami.org/template.cfm?section=your_local_nami

[117] Harris-Kojetin L, Sengupta M, Park-Lee E, Valerde R. Long-term care services in the United States: 2013 overview. National Center for Health Statistics. Vital Health Stat 3(37). 2013.

[118] Medicare.gov, *Nursing Home Profile*.

[119] U.S. Census Bureau, State and County Quick Facts, www.census.gov

[120] Georgia Academy of Family Physicians, http://www.gafp.org/medical_home.asp

[121] American Academy of Family Physicians, http://www.aafp.org/online/en/home.html

[122] Agency for Healthcare Research and Quality, *The Patient-Centered Medical Home: Strategies to Put Patients at the Center of Primary Care.*

[123] AAPC Coder, https://coder.aapc.com/icd-10-codes-range/67

Hospital Authority of Colquitt County 2021

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 31636

Appoints Board Members

Colquitt Regional Medical, Inc.
DBA Sterling Physican Group
Tax ID 26-0259630

DBA

Colquitt Regional Medical Center
501 (c)(3) tax exempt status
Tax ID # 58-0607088

- Dialysis Center
  109 31st Ave. SE
  Moultrie, GA 31636
- Colquitt Regional Hospice
  715 Rowland Dr.
  Moultrie, GA 31636
- Sleep Diagnostic Lab
  301 31st Ave. SE
  Moultrie, GA 31636
- Practice Management
  3006 2nd St. SE
  Moultrie, GA 31636
- Primary Care Clinic
  6 Hospital Park
  Moultrie, GA 31636
- Education & Training
  13 Hospital Park
  Moultrie, GA 31636
- Non-Emergency Transport
  3131 South Main St.
  Moultrie, GA 31636
- Georgia South Family Medicine Residency
  1 Magnolia Court
  Moultrie, GA 31636
- Ambulance Services
  3131 South Main St.
  Moultrie, GA 31636
- Bariatric Center
  1 Live Oak Court
  Moultrie, GA 31636
- Shereen Rehabilitation Center
  3100 Veterans Parkway S.
  Moultrie, GA 31636
- PFS / Patient Access
  1921 South Main St.
  Moultrie, GA 31636
- Physician Practice Billing
  1906 South Main St.
  Moultrie, GA 31636
- Administrative Services Building
  3301 Freedom Lane SE
  Moutrie, GA 31636
- Deloache Intern House
  912 2nd St. SE
  Moultrie, GA 31636
- Employee Fitness Center
  3131 South Main St.
  Moultrie, GA 31636
- Marketing Office
  3 Magnolia Court
  Moultrie, GA 31636
- Psychiatry IOP
  13 Hospital Park
  Moultrie, GA 31636

Colquitt Regional Health, Inc.
501 (c)(3) tax exempt status
Tax ID # 58-1729544

Operated by CRMC, per Management Contract

- Colquitt Regional Home Health
  715 Rowland Dr.
  Moultrie, GA 31636

CRM, Inc. Manages:

- Sterling Internal Medicine, LLC
  Tax ID 35-2629636
  2509 S. Main St.
  Moultrie, GA 31636

- Colquitt Regional Cardiology, LLC
  Tax ID 32-0023152
  115 31st Ave. SE
  Moultrie, GA 31636

  1 Sweet Bay Court
  Suite B
  Moultrie, GA 31636
- Colquitt Regional Neurology, LLC
  Tax ID 32-0035133
  15 Hospital Park
  Moultrie, GA 31636
- Colquitt Regional Anesthesia, LLC
  Tax ID 26-0312605
  3131 South Main St.
  Moultrie, GA 31636
- Colquitt Regional Hospitalists, LLC
  Tax ID 36-6666615
  3131 South Main St.
  Moultrie, GA 31636
- Colquitt Regional Pulmonology, LLC
  Tax ID 62-363610
  1 Hospital Park
  Moultrie, GA 31636
- Colquitt Regional Urology, LLC
  Tax ID 26-0161026
  115 31st Ave. SE
  Moultrie, GA 31636
- Norman Park Family Medicine Clinic, LLC
  Tax ID 30-0660663
  136 E. Broad St.
  Norman Park, GA 31661
- Colquitt Regional Oncology, LLC
  Edwards Cancer Center
  Tax ID 36-1969666
  3131 S. Main St.
  Moultrie, GA 31636
- Colquitt Regional
  Infectious Disease, LLC
  Tax ID

- Colquitt Regional Dermatology, LLC
  Tax ID 83-39192
  3 Magnolia Court
  Moultrie, GA 31636
- Colquitt Regional Pediatrics, LLC
  Tax ID 30-0666151

  LLC dormant as of 05/01/2019
- Colquitt Regional Internal Medicine & Infectious Disease, LLC
  Tax ID 32-0663365
  6 Hospital Park
  Moultrie, GA 31636
- Colquitt Regional Spine, LLC
  Tax ID 61-1663151
  1 Live Oak Court
  Moultrie, GA 31636
- Doerun Family Medicine Clinic, LLC
  Tax ID 83-391029

  LLC will be dormant until 2023, will then dissolve.
- Colquitt Regional Pain Clinic, LLC
  Tax ID 35-2596025
  9 Hospital Park
  Moultrie, GA 31636
- Colquitt Regional Rheumatology, LLC
  Tax ID 61-1696960
  3 Magnolia Court
  Moultrie, GA 31636
- Colquitt Regional Pathology, LLC
  Tax ID 83-1961533
  306 C Sunset Circle
  Moultrie, GA 31636
- DW Adcock Orthopaedic Clinic, LLC
  Tax ID 26-0311659

- Colquitt Regional Emergency Physicians, LLC
  Tax ID 35-2506339
  3131 South Main St.
  Moultrie, GA
- Colquitt Regional Gastroenterology, LLC
  Tax ID 22-2360691
  1 Live Oak Court
  Moultrie, GA 31636
- Sterling Orthopedics, LLC
  Tax ID 32-0506266
  1 Live Oak Court
  Moultrie, GA 31636
- The Birk Clinic, LLC
  Tax ID 33-1166663
  1 Laurel Court
  Moultrie, GA 31636
- Colquitt Regional Surgery, LLC
  Tax ID 30-0663200
  1 Live Oak Court
  Moultrie, GA 31636
- Colquitt Regional OB/GYN, LLC
  Tax ID 66-5136299
  3 Sweet Bay Court
  Moultrie, GA 31636

  115 31st Ave. SE
  Moultrie, GA 31636
- Colquitt Regional Ear, Nose & Throat, LLC
  Tax ID 32-0696669
  3 Hospital Park
  Moultrie, GA 31636

  116 W 12th St.
  Suite A
  Tifton, GA 31794
- Colquitt Regional Psychiatry, LLC
  Tax ID 83-19935
  6 Hospital Park
  Moultrie, GA 31636

HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER

List of Hospital Joint Ventures and Ownership Interest

Entity Name	Domicile	Nature of Ownership or Interst	Book Value of Ownership or Interest	Notes
Not Applicable				

HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER

Fiscal Year Ending: September 30th 2020

List of Hospital Indebtedness- (HB 321)

				In Default ?		In Forbearance?	
Lender Name	Orgination Date	Due Date	Outstanding Balance	Yes	No	Yes	No
Ameris Bank- Revenue Certificate 2016A	9/1/2016	9/5/2031	12,383,317.62		x		x
Ameris Bank- Revenue Certificate 2016B	9/1/2016	9/5/2026	17,703,435.03		x		x
Ameris Bank- Revenue Certificate 2018	4/25/2018	4/5/2033	19,504,458.02		x		x
Key Bank- Equipment	5/25/2018	5/2/2022	838,760.40		x		x
South west GA Bank	5/26/2019	4/26/2024	1,278,940.00		x		x

HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER

Real Property Holdings Owned by the Hospital

				Current Healthcare Purpose ?		Improvements		
Location	Parcel ID Number	Estimated Size (Acres)	Purchase Price	Yes	No	Yes	No	Notes
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
912, 2nd Street SE, Moultrie, GA	M026101	0.34	149,246.76	x			x	Deloach
209 13th Ave, SW Moultrie, GA	M027013	1 lot	75,000.00		x		x	LAND ACROSS FROM THE STREET
1912 South Main St., Moultrie GA	M029027A	0.6	215,465.99	X		x		PFS Building
Building 316 Sunset Circle, Moultrie GA	M042010	0.5	147,166.00	x			x	
115 31ST Avenue SE, Moultrie GA	M042016	0.59	1,143,617.00	X		x		Trescot building- old womens health
Sunset Circle, Unit 12 Hospital Park, Moultrie, GA	M042022	0.14	42,000.00		x		x	land next to Primary Care
Unit 11 Hospital Park, Moultrie, GA	M042023	0.13	35,000.00		x		x	land next to Primary Care
6 Hospital Park, Moultrie GA	M042024	0.23	1,240,426.21	X		X		PCC Building
31st Avenue SE, Moultrie GA	M042025	0.14	228,600.00	X		x		SLEEP LAB
9 Hospital Park, Moultrie GA	M042028	0.16	375,546.74	X		x		Old GA South, PCOM building
31st Avenue SE, Moultrie GA	M042029	0.05	325,000.00	X			x	Land in between building in hospital park
7 Hospital Park, Moultrie, GA	M042030		389,231.21	X		X		Pulmonology Building
9, Hospital Park, Moultrie GA	M042031	0.1	125,000.00	x		x		Lab Building
13 Hospital Park, Moultrie GA	M042035	0.12	227,500.00	X		x		Education Building
3131 South Main St, Moultrie GA	M043001	29.97	70,755,541.60	X		x		Main Hospital- includes the renovation
3 Magnolia CT, Moultrie	M043011B		620,000.00	X			X	D.W Adcock 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
4 Live oak CT, Moultrie GA	M043011H	0.59	4,573,937.33	x			x	Sterling Center
8 Live oak CT, Moultrie , GA	M043011J	0.31	569,920.00	X			X	coridsta building
1 Sweet Bay CT, Moultrie, GA	M043011K	0.76	1,300,000.00	X			X	Physician Center
Sweet Bay CT, Moultrie, GA	M043011L	0.44	3,230,502.67	X			X	sterling center women building
3100, Veterans Parkway S, Moultrie GA	M047A015	2.7	2,568,211.80	X		x		Rehab Building
31st Avenue SE, Moultrie GA	M047A018	0.14	647,246.01	x		x		Dialysis Building
3300 Freedom Lane SE, Moultrie GA	M047A023B	2.51	10,793.00	x				Parking lot- Accounting building
3300 Freedom Lane SE, Moultrie GA	M047A024	3.00	468,742.00	X			X	Accounting Building- Randy Knights
Rowland Drive,Moultrie, Ga	M048A014	2.00	300,000.00	x			x	Home health parking lot
Rowland Drive,Moultrie, Ga	M048A015	1.4	150,000.00	x			x	Home health parking lot

HOSPITAL AUTHORITY OF COLQUITT COUNTY- DBA COLQUITT REGIONAL MEDICAL CENTER

End of Year Listing of Hospital Net Assets (HB 321)- Fiscal Year 2020

	Unrestricted Net Assets ($)	Restricted-Expendable Net Assets ($)*	Restricted-Non-Expendable Net Assets ($)*	Total Net Assets ($)	Notes
Hospital Authority (Hospital, CRH & Clinics)	43,323,000	2,998,000	76,922,000	123,243,000	
Hospital Owned or Controlled Foundation	7,847,297.00	1,433,549.00	113,570.00	9,394,416.00	

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.

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

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