

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: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 8/2/2021 12:01 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/2/2021	Time: 12:01 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ 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 KATHERINE SHAW BETHEA (14-0012) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ 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) MICHAEL KITTOE

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-132,527	-107,046	0	0	1.00
2.00	Subprovider - IPF	0	-795	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-133,322	-107,046	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: KATHERINE SHAW BETHEA HOSPITAL			PO Box: 403 EAST				1.00	
2.00	City: DIXON			State: IL		Zip Code: 61021		County: LEE	
		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
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N
4.00	Subprovider - IPF			KSB PSYCH	14S012	99914	4	11/01/1983	N
5.00	Subprovider - IRF								P
6.00	Subprovider - (Other)								N
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTG								
12.00	Hospital-Based HHA			KSB HOME HEALTH	147131	99914		07/07/1976	N
13.00	Separately Certified ASC								P
14.00	Hospital-Based Hospice								N
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020
21.00	Type of Control (see instructions)						2		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		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.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			301	0	0	0	1,085	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural St	Date of Geogra	
						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.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	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
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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

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From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	4.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	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)	FAMILY MEDICINE	1350	0.00	4.16	0.000000	
					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.				Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0
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: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 12:01 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.			N 86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N 87.00			
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N Y 90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N N 91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00			
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N N 93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N N 94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N N 96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 97.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 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.			Y Y 98.01			
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.02			
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.03			
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.04			
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.05			
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.06			
Rural Providers							
105.00	Does this hospital qualify as a CAH?			N 105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N 106.00			
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N 107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N 108.00			
			Physical	Occupational	Speech	Respiratory	
			1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 12:01 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		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,619,063	373,667	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 12:01 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	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	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.								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	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	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		
								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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 12:01 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 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	07/06/2021	Y 07/06/2021 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: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
8/2/2021 12:01 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	
		1.00	2.00	
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?			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.	KEVIN	WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer	CLIFTONLARSONALLEN		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4300	KEVIN.WELLEN@CLACONNECT.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 12:01 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 12:01 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	60	21,960	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		60	21,960	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	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)		66	24,156	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		80			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

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)	3,509	301	7,914			1.00
2.00	HMO and other (see instructions)	1,234	1,085				2.00
3.00	HMO IPF Subprovider	63	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,509	301	7,914			7.00
8.00	INTENSIVE CARE UNIT	566	0	924			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		0	496			13.00
14.00	Total (see instructions)	4,075	301	9,334	8.16	768.29	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	195	680	2,635	0.00	19.57	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	4,352	55	7,367	0.00	10.69	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				8.16	798.55	27.00
28.00	Observation Bed Days		361	1,466			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	130			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: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	1,029	85	2,765	1.00
2.00 HMO and other (see instructions)			296	286		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	1,029	85	2,765	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	27	140	487	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 12:01 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	62,527,667	0	62,527,667	1,660,975.99	37.65
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	72,457	72,457	407.00	178.03
4.01	Physicians - Part A - Teaching		0	485,316	485,316	4,135.00	117.37
5.00	Physician and Non Physician-Part B		20,310,046	0	20,310,046	137,184.26	148.05
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	362,114	362,114	12,735.70	28.43
7.01	Contracted interns and residents (in an approved programs)		0	498,803	498,803	16,972.80	29.39
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,448,123	8,767	2,456,890	74,866.12	32.82
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		799,982	0	799,982	10,782.93	74.19
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,253,724	0	15,253,724		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		797,673	0	797,673		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		4,336	0	4,336		
22.01	Physician Part A - Teaching		44,057	0	44,057		
23.00	Physician Part B		1,461,652	0	1,461,652		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		135,695	0	135,695		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	621,062	-156,938	464,124	18,966.71	24.47	26.00
27.00	Administrative & General	5.00	8,714,074	19,269	8,733,343	292,680.76	29.84	27.00
28.00	Administrative & General under contract (see inst.)		105,705	0	105,705	629.47	167.93	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	773,071	16,306	789,377	35,465.25	22.26	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	742,542	-142,161	600,381	51,780.05	11.59	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,080,009	-793,752	286,257	18,121.93	15.80	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	802,166	802,166	52,320.17	15.33	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,258,326	-279,182	979,144	38,631.12	25.35	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	896,766	3,079	899,845	21,425.86	42.00	40.00
41.00	Medical Records & Medical Records Library	16.00	479,853	-14,661	465,192	21,577.12	21.56	41.00
42.00	Social Service	17.00	0	321,859	321,859	9,611.80	33.49	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
8/2/2021 12:01 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	42,323,326	-1,346,233	40,977,093	1,490,577.70	27.49	1.00
2.00	Excluded area salaries (see instructions)	2,448,123	8,767	2,456,890	74,866.12	32.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,875,203	-1,355,000	38,520,203	1,415,711.58	27.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	799,982	0	799,982	10,782.93	74.19	4.00
5.00	Subtotal wage-related costs (see inst.)	15,258,060	0	15,258,060	0.00	39.61	5.00
6.00	Total (sum of lines 3 thru 5)	55,933,245	-1,355,000	54,578,245	1,426,494.51	38.26	6.00
7.00	Total overhead cost (see instructions)	14,671,408	-224,015	14,447,393	561,210.24	25.74	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
8/2/2021 12:01 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,231,296	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,350,314	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,643,759	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	534,737	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)	231,914	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	93,470	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,791,450	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	556,314	22.00
23.00	Tuition Reimbursement	263,883	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,697,137	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: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
8/2/2021 12:01 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	906,906	17,697,137	1.00
2.00	Hospital	799,982	17,133,453	2.00
3.00	Subprovider - IPF	63,705	318,243	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	43,219	245,441	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0012 Component CCN: 14-7131		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 8/2/2021 12:01 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County					LEE		0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	805	62	372	1,239	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	257.00	4.00	149.00	410.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week					
						Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel					0.00	0.00	0.00	5.00
6.00	Direct Nursing Service					5.69	0.00	5.69	6.00
7.00	Nursing Supervisor					1.00	0.00	1.00	7.00
8.00	Physical Therapy Service					0.00	3.00	3.00	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					1.00	0.00	1.00	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	CLERK					2.00	0.00	2.00	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914					20.00
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			1,600	247	41	27	1,915	21.00
22.00	Skilled Nursing Visit Charges			310,400	47,918	7,954	5,238	371,510	22.00
23.00	Physical Therapy Visits			1,450	321	19	11	1,801	23.00
24.00	Physical Therapy Visit Charges			281,300	62,274	3,686	2,134	349,394	24.00
25.00	Occupational Therapy Visits			127	137	1	2	267	25.00
26.00	Occupational Therapy Visit Charges			24,638	26,578	194	388	51,798	26.00
27.00	Speech Pathology Visits			47	13	0	0	60	27.00
28.00	Speech Pathology Visit Charges			9,118	2,522	0	0	11,640	28.00
29.00	Medical Social Service Visits			4	1	0	0	5	29.00
30.00	Medical Social Service Visit Charges			776	194	0	0	970	30.00
31.00	Home Health Aide Visits			259	39	1	5	304	31.00
32.00	Home Health Aide Visit Charges			18,130	2,730	70	350	21,280	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			3,487	758	62	45	4,352	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			644,362	142,216	11,904	8,110	806,592	35.00
36.00	Total Number of Episodes (standard/non outlier)			344		34	1	379	36.00
37.00	Total Number of Outlier Episodes				35		2	37	37.00
38.00	Total Non-Routine Medical Supply Charges			29,380	4,777	1,767	1,052	36,976	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 8/2/2021 12:01 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)			0.290492 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	8,905,328		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	1,966,637		5.00
6.00	Medicaid charges	72,880,305		6.00
7.00	Medicaid cost (line 1 times line 6)	21,171,146		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)	10,299,181		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	2,329		9.00
10.00	Stand-alone CHIP charges	6,189		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	1,798		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,299,181		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)	3,175,327	0	3,175,327 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	922,407	0	922,407 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	922,407	0	922,407 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)	136,343		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	6,504		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	10,005		27.01
28.00	Non-Medicare bad debt expense (see instructions)	126,338		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	40,201		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	962,608		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,261,789		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,867,127	5,867,127	-621,357	5,245,770	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,447,721	1,447,721	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	621,062	14,113,748	14,734,810	-64,245	14,670,565	4.00
5.01	00540	NONPATIENT TELEPHONES	339,462	188,133	527,595	2,156	529,751	5.01
5.02	00590	DATA PROCESSING	1,063,073	7,900,460	8,963,533	5,171	8,968,704	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	369,456	810,646	1,180,102	13,207	1,193,309	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,904,730	7,680,071	10,584,801	22,577	10,607,378	5.04
5.05	00592	OTHER ADMIN & GENERAL	4,037,353	16,005,330	20,042,683	-342,849	19,699,834	5.05
7.00	00700	OPERATION OF PLANT	773,071	3,090,082	3,863,153	-282,006	3,581,147	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	282,664	282,664	8.00
9.00	00900	HOUSEKEEPING	742,542	670,777	1,413,319	-436,202	977,117	9.00
10.00	01000	DIETARY	1,080,009	853,306	1,933,315	-1,409,995	523,320	10.00
11.00	01100	CAFETERIA	0	0	0	1,435,951	1,435,951	11.00
13.00	01300	NURSING ADMINISTRATION	1,258,326	296,317	1,554,643	-297,727	1,256,916	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,918,570	2,918,570	-2,911,726	6,844	14.00
15.00	01500	PHARMACY	896,766	3,540,454	4,437,220	-2,747,066	1,690,154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	479,853	263,771	743,624	-21,265	722,359	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	85,904	85,904	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	257,088	257,088	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	940,345	940,345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	705,896	705,896	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,896,263	974,815	4,871,078	-107,976	4,763,102	30.00
31.00	03100	INTENSIVE CARE UNIT	1,047,151	491,015	1,538,166	6,028	1,544,194	31.00
40.00	04000	SUBPROVIDER - IPF	1,124,420	965,785	2,090,205	5,056	2,095,261	40.00
43.00	04300	NURSERY	485,763	88,525	574,288	-2,419	571,869	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,002,570	2,624,358	4,626,928	-1,368,199	3,258,729	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,978	3,978	97,859	101,837	52.00
53.00	05300	ANESTHESIOLOGY	3,324	866,014	869,338	-6,230	863,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,326,310	1,190,691	2,517,001	-253,731	2,263,270	54.00
54.01	05401	ULTRASOUND	362,825	598,358	961,183	-1,524	959,659	54.01
57.00	05700	CT SCAN	144,785	119,087	263,872	-239	263,633	57.00
58.00	05800	MRI	169,121	172,910	342,031	44	342,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	493,199	2,237,614	2,730,813	-1,804,387	926,426	59.00
60.00	06000	LABORATORY	2,366,083	4,511,263	6,877,346	-177,663	6,699,683	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	849,534	461,541	1,311,075	-217,507	1,093,568	65.00
66.00	06600	PHYSICAL THERAPY	1,320,995	507,023	1,828,018	-81,586	1,746,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	270,130	38,038	308,168	38,285	346,453	67.00
68.00	06800	SPEECH PATHOLOGY	241,705	138,159	379,864	-96,878	282,986	68.00
69.00	06900	ELECTROCARDIOLOGY	55,526	160,850	216,376	210,655	427,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,612	6,612	2,969	9,581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	6,126,073	6,126,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,224,798	3,224,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,765,835	2,765,835	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	392,836	420,929	813,765	1,425	815,190	76.00
76.97	07697	CARDIAC REHABILITATION	348,279	30,106	378,385	8,770	387,155	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,269,154	6,895,187	31,164,341	-3,728,435	27,435,906	90.00
91.00	09100	EMERGENCY	5,468,288	968,034	6,436,322	-47,420	6,388,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	867,193	415,657	1,282,850	-14,083	1,268,767	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		645,129	645,129	-645,129	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,071,157	89,730,470	151,801,627	-1,367	151,800,260	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	456,510	33,276	489,786	1,367	491,153	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	62,527,667	89,763,746	152,291,413	0	152,291,413	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-256,899	4,988,871	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,447,721	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,670,565	4.00
5.01	00540	NONPATIENT TELEPHONES	-13,856	515,895	5.01
5.02	00590	DATA PROCESSING	-10,411	8,958,293	5.02
5.03	00591	PURCAHSING RECEIVING AND STORES	0	1,193,309	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,607,378	5.04
5.05	00592	OTHER ADMIN & GENERAL	-5,190,386	14,509,448	5.05
7.00	00700	OPERATION OF PLANT	-515,597	3,065,550	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	282,664	8.00
9.00	00900	HOUSEKEEPING	0	977,117	9.00
10.00	01000	DIETARY	0	523,320	10.00
11.00	01100	CAFETERIA	-399,476	1,036,475	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,256,916	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,844	14.00
15.00	01500	PHARMACY	67,842	1,757,996	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-68,890	653,469	16.00
17.00	01700	SOCIAL SERVICE	0	85,904	17.00
17.01	01701	UTILIZATION REVIEW	-886	256,202	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	940,345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	705,896	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-180,674	4,582,428	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,544,194	31.00
40.00	04000	SUBPROVIDER - IPF	-317,309	1,777,952	40.00
43.00	04300	NURSERY	0	571,869	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-265	3,258,464	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	101,837	52.00
53.00	05300	ANESTHESIOLOGY	-637,047	226,061	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,065	2,260,205	54.00
54.01	05401	ULTRASOUND	0	959,659	54.01
57.00	05700	CT SCAN	0	263,633	57.00
58.00	05800	MRI	0	342,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	926,426	59.00
60.00	06000	LABORATORY	-554,553	6,145,130	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,093,568	65.00
66.00	06600	PHYSICAL THERAPY	0	1,746,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	346,453	67.00
68.00	06800	SPEECH PATHOLOGY	0	282,986	68.00
69.00	06900	ELECTROCARDIOLOGY	0	427,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	6,126,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,224,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,765,835	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-497,370	317,820	76.00
76.97	07697	CARDIAC REHABILITATION	0	387,155	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-16,349,625	11,086,281	90.00
91.00	09100	EMERGENCY	-2,920,833	3,468,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,268,767	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,849,300	123,950,960	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	491,153	192.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,849,300	124,442,113	200.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
8/2/2021 12:01 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY TO CAFETERIA					
1.00	CAFETERIA	11.00	802,166	633,785	1.00	
	0		802,166	633,785		
	B - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	58,771	31,830	1.00	
	0		58,771	31,830		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	645,129	1.00	
	0		0	645,129		
	E - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	6,112,052	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,224,798	2.00	
3.00	DIETARY	10.00	0	17,542	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	22	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
	0		0	9,354,414		
	F - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,765,835	1.00	
	0		0	2,765,835		
	G - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	181,235	1.00	
	0		0	181,235		
	H - PT DIRECTOR SALARY					
1.00	OCCUPATIONAL THERAPY	67.00	49,998	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	16,666	0	2.00	
	0		66,664	0		
	I - BIO-MED COSTS					
1.00	OTHER ADMIN & GENERAL	5.05	0	513	1.00	
2.00	PHARMACY	15.00	0	15,690	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	8,530	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	7,612	4.00	
5.00	SUBPROVIDER - IPF	40.00	0	544	5.00	
6.00	NURSERY	43.00	0	4,111	6.00	
7.00	OPERATING ROOM	50.00	0	109,884	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,345	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	574	9.00	
10.00	LABORATORY	60.00	0	4,885	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	22,164	11.00	
12.00	PHYSICAL THERAPY	66.00	0	4,474	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	4,879	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	14,021	14.00	
15.00	CARDIAC REHABILITATION	76.97	0	2,389	15.00	
16.00	CLINIC	90.00	0	46,647	16.00	
17.00	EMERGENCY	91.00	0	9,997	17.00	

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		0	264,259	
	J - HOUSEKEEPING				
1.00	DATA PROCESSING	5.02	808	62	1.00
2.00	PURCAHSING RECEIVING AND STORES	5.03	12,357	945	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	4,163	318	3.00
4.00	OTHER ADMIN & GENERAL	5.05	6,910	529	4.00
5.00	OPERATION OF PLANT	7.00	12,418	950	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	2,928	224	6.00
7.00	ULTRASOUND	54.01	1,346	103	7.00
8.00	LABORATORY	60.00	1,307	100	8.00
9.00	PHYSICAL THERAPY	66.00	5,900	451	9.00
10.00	OCCUPATIONAL THERAPY	67.00	5,899	451	10.00
11.00	SPEECH PATHOLOGY	68.00	753	58	11.00
12.00	CARDIAC REHABILITATION	76.97	4,610	353	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	2,158	165	13.00
14.00	CLINIC	90.00	86,967	6,653	14.00
	0		148,524	11,362	
	K - UTILIZATION REVIEW				
1.00	UTILIZATION REVIEW	17.01	238,632	15,028	1.00
2.00		0.00	0	0	2.00
	0		238,632	15,028	
	L - MEDICAL DIRECTOR				
1.00	UTILIZATION REVIEW	17.01	3,428	0	1.00
	0		3,428	0	
	M - MEDICAL DIRECTOR TIME				
1.00	MEDICAL RECORDS & LIBRARY	16.00	69,030	0	1.00
2.00		0.00	0	0	2.00
	0		69,030	0	
	O - RESIDENCY COSTS				
1.00	I&R SERVICES-SALARY & FRINGES	21.00	362,114	578,231	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS	22.00	485,316	220,580	2.00
	A				
	0		847,430	798,811	
	P - CODER SALARIES				
1.00	CLINIC	90.00	52,787	4,038	1.00
	0		52,787	4,038	
	R - EKG SALARIES				
1.00	ELECTROCARDIOLOGY	69.00	140,534	73,695	1.00
	0		140,534	73,695	
	S - PATIENT ADVOCATE SALARIES				
1.00	SOCIAL SERVICE	17.00	79,799	6,105	1.00
	0		79,799	6,105	
	T - MOVABLE EQUIPMENT				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,399,978	1.00
	0		0	1,399,978	
	U - WORKERS COMPENSATION				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	92,693	1.00
	0		0	92,693	
	V - BONUS PAY				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,121	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	2,187	0	2.00
3.00	DATA PROCESSING	5.02	4,341	0	3.00
4.00	PURCAHSING RECEIVING AND STORES	5.03	2,479	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	18,429	0	5.00
7.00	OPERATION OF PLANT	7.00	3,888	0	7.00
8.00	HOUSEKEEPING	9.00	6,363	0	8.00
9.00	DIETARY	10.00	8,414	0	9.00
10.00	NURSING ADMINISTRATION	13.00	5,703	0	10.00
11.00	PHARMACY	15.00	3,079	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	2,642	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	16,993	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	4,310	0	14.00
15.00	SUBPROVIDER - IPF	40.00	4,619	0	15.00
16.00	NURSERY	43.00	1,670	0	16.00
17.00	OPERATING ROOM	50.00	10,561	0	17.00
18.00	ANESTHESIOLOGY	53.00	24	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	5,209	0	19.00
20.00	ULTRASOUND	54.01	1,107	0	20.00
21.00	CT SCAN	57.00	508	0	21.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
8/2/2021 12:01 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	MRI	58.00	725	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	2,106	0	23.00
24.00	LABORATORY	60.00	9,054	0	24.00
25.00	RESPIRATORY THERAPY	65.00	3,574	0	25.00
26.00	PHYSICAL THERAPY	66.00	6,074	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	1,042	0	27.00
28.00	SPEECH PATHOLOGY	68.00	920	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	236	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	1,140	0	30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	1,656	0	31.00
32.00	CARDIAC REHABILITATION	76.97	1,837	0	32.00
33.00	CLINIC	90.00	43,379	0	33.00
34.00	EMERGENCY	91.00	10,926	0	34.00
35.00	HOME HEALTH AGENCY	101.00	2,781	0	35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,367	0	36.00
			194,464	0	
	W - LAUNDRY EXPENSES				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	282,664	1.00
	TOTALS		0	282,664	
500.00	Grand Total: Increases		2,702,229	16,560,861	500.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
8/2/2021 12:01 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY TO CAFETERIA						
1.00	DIETARY	10.00	802,166	633,785	0		1.00
	0		802,166	633,785			
	B - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	58,771	31,830	0		1.00
	0		58,771	31,830			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	645,129	11		1.00
	0		0	645,129			
	E - BILLABLE SUPPLIES						
1.00	NONPATIENT TELEPHONES	5.01	0	31	0		1.00
2.00	DATA PROCESSING	5.02	0	40	0		2.00
3.00	PURCAHSING RECEIVING AND STORES	5.03	0	2,574	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	333	0		4.00
5.00	OTHER ADMIN & GENERAL	5.05	0	44,468	0		5.00
6.00	OPERATION OF PLANT	7.00	0	35,003	0		6.00
7.00	HOUSEKEEPING	9.00	0	15	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,911,726	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	42,898	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	5,894	0		10.00
11.00	NURSERY	43.00	0	8,200	0		11.00
12.00	OPERATING ROOM	50.00	0	1,488,644	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	87	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	6,254	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	262,666	0		15.00
16.00	ULTRASOUND	54.01	0	4,080	0		16.00
17.00	CT SCAN	57.00	0	747	0		17.00
18.00	MRI	58.00	0	681	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,811,372	0		19.00
20.00	LABORATORY	60.00	0	193,009	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	29,016	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	31,821	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	19,105	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	115,275	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	3,810	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	231	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	494	0		27.00
28.00	CLINIC	90.00	0	2,257,596	0		28.00
29.00	EMERGENCY	91.00	0	60,954	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	16,864	0		30.00
31.00	SUBPROVIDER - IPF	40.00	0	107	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	419	0		32.00
	0		0	9,354,414			
	F - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	2,765,835	0		1.00
	0		0	2,765,835			
	G - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.05	0	181,235	12		1.00
	0		0	181,235			
	H - PT DIRECTOR SALARY						
1.00	PHYSICAL THERAPY	66.00	66,664	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		66,664	0			
	I - BIO-MED COSTS						
1.00	OPERATION OF PLANT	7.00	0	264,259	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
8/2/2021 12:01 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	264,259			
	J - HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	148,524	11,362	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	0		148,524	11,362			
	K - UTILIZATION REVIEW						
1.00	MEDICAL RECORDS & LIBRARY	16.00	33,546	2,566	0		1.00
2.00	NURSING ADMINISTRATION	13.00	205,086	12,462	0		2.00
	0		238,632	15,028			
	L - MEDICAL DIRECTOR						
1.00	CLINIC	90.00	3,428	0	0		1.00
	0		3,428	0			
	M - MEDICAL DIRECTOR TIME						
1.00	CLINIC	90.00	61,641	0	0		1.00
2.00	EMERGENCY	91.00	7,389	0	0		2.00
	0		69,030	0			
	O - RESIDENCY COSTS						
1.00	CLINIC	90.00	847,430	798,811	0		1.00
2.00		0.00	0	0	0		2.00
	0		847,430	798,811			
	P - CODER SALARIES						
1.00	MEDICAL RECORDS & LIBRARY	16.00	52,787	4,038	0		1.00
	0		52,787	4,038			
	R - EKG SALARIES						
1.00	RESPIRATORY THERAPY	65.00	140,534	73,695	0		1.00
	0		140,534	73,695			
	S - PATIENT ADVOCATE SALARIES						
1.00	NURSING ADMINISTRATION	13.00	79,799	6,105	0		1.00
	0		79,799	6,105			
	T - MOVABLE EQUIPMENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,399,978	9		1.00
	0		0	1,399,978			
	U - WORKERS COMPENSATION						
1.00	OTHER ADMIN & GENERAL	5.05	0	92,693	0		1.00
	0		0	92,693			
	V - BONUS PAY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	162,059	0	0		1.00
2.00	OTHER ADMIN & GENERAL	5.05	32,405	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
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
8/2/2021 12:01 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
			194,464	0		
W - LAUNDRY EXPENSES						
1.00	HOUSEKEEPING	9.00	0	282,664	0	1.00
	TOTALS		0	282,664		
500.00	Grand Total: Decreases		2,702,229	16,560,861		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,343,039	0	0	0	0	1.00
2.00	Land Improvements	5,545,610	0	0	0	0	2.00
3.00	Buildings and Fixtures	50,344,374	2,806	0	2,806	0	3.00
4.00	Building Improvements	2,898,885	3,076,141	0	3,076,141	218,924	4.00
5.00	Fixed Equipment	34,734,373	12,774,294	0	12,774,294	5,150	5.00
6.00	Movable Equipment	39,432,524	810,010	0	810,010	366,932	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	135,298,805	16,663,251	0	16,663,251	591,006	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	135,298,805	16,663,251	0	16,663,251	591,006	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	2,343,039	0				1.00
2.00	Land Improvements	5,545,610	0				2.00
3.00	Buildings and Fixtures	50,347,180	0				3.00
4.00	Building Improvements	5,756,102	0				4.00
5.00	Fixed Equipment	47,503,517	0				5.00
6.00	Movable Equipment	39,875,602	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	151,371,050	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	151,371,050	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	5,867,127	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,867,127	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	5,867,127				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,867,127				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	111,495,448	0	111,495,448	0.736570	133,492	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,875,602	0	39,875,602	0.263430	47,743	2.00
3.00	Total (sum of lines 1-2)	151,371,050	0	151,371,050	1.000000	181,235	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	133,492	4,467,149	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	47,743	1,399,978	0	2.00
3.00	Total (sum of lines 1-2)	0	0	181,235	5,867,127	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	388,230	133,492	0	0	4,988,871	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	47,743	0	0	1,447,721	2.00
3.00	Total (sum of lines 1-2)	388,230	181,235	0	0	6,436,592	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-256,899	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-13,856	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-31,909	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	-21,482,869			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	-399,476	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-38,704	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** 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	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-51,839	OTHER ADMIN & GENERAL	5.05	0	33.00
33.01	MISCELLANEOUS INCOME	B	-265	OPERATING ROOM	50.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-13,643	CLINIC	90.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
8/2/2021 12:01 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.03 MISCELLANEOUS INCOME	B	-10,411	DATA PROCESSING	5.02	0	33.03
34.00 RETAIL RX 340B REVERSE NEGATIVE	A	67,842	PHARMACY	15.00	0	34.00
35.00 DONATION EXPENSE	A	-30,500	OTHER ADMIN & GENERAL	5.05	0	35.00
36.00 SPECIAL PROGRAM & SALE OF RADIOLOGY	B	-3,065	RADIOLOGY-DIAGNOSTIC	54.00	0	36.00
37.00 NON ALLOW ADVERTISING	A	-53,981	OTHER ADMIN & GENERAL	5.05	0	37.00
38.00 FINES & PENALTIES	A	-369,848	OTHER ADMIN & GENERAL	5.05	0	38.00
40.00 RENTAL REVENUE	B	-483,688	OPERATION OF PLANT	7.00	0	40.00
40.01 AHA & IHA LOBBYING DUES	A	-31,106	OTHER ADMIN & GENERAL	5.05	0	40.01
41.00 PHYSICIAN RECRUITMENT COSTS	A	-78,832	OTHER ADMIN & GENERAL	5.05	0	41.00
42.00 IPA TAX	A	-4,566,251	OTHER ADMIN & GENERAL	5.05	0	42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,849,300				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: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
8/2/2021 12:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMIN & GENERAL	8,029	8,029	0	211,500	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	69,029	0	69,029	211,500	382	2.00
3.00	17.01	UTILIZATION REVIEW	3,428	0	3,428	211,500	25	3.00
4.00	30.00	ADULTS & PEDIATRICS	180,674	180,674	0	197,500	0	4.00
5.00	40.00	SUBPROVIDER - IPF	317,309	317,309	0	181,300	0	5.00
6.00	53.00	ANESTHESIOLOGY	637,047	637,047	0	239,400	0	6.00
7.00	60.00	LABORATORY	554,553	554,553	0	260,300	0	7.00
8.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	497,370	497,370	0	181,300	0	8.00
9.00	90.00	CLINIC	16,335,982	16,335,982	0	211,500	0	9.00
10.00	91.00	EMERGENCY	2,920,833	2,920,833	0	211,500	0	10.00
200.00			21,524,254	21,451,797	72,457		407	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMIN & GENERAL	0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	38,843	1,942	0	0	0	2.00
3.00	17.01	UTILIZATION REVIEW	2,542	127	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			41,385	2,069	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMIN & GENERAL	0	0	0	8,029		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	38,843	30,186	30,186		2.00
3.00	17.01	UTILIZATION REVIEW	0	2,542	886	886		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	180,674		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	317,309		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	637,047		6.00
7.00	60.00	LABORATORY	0	0	0	554,553		7.00
8.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	497,370		8.00
9.00	90.00	CLINIC	0	0	0	16,335,982		9.00
10.00	91.00	EMERGENCY	0	0	0	2,920,833		10.00
200.00			0	41,385	31,072	21,482,869		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,988,871	4,988,871			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,447,721		1,447,721		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,670,565	50,036	745	14,721,346	4.00
5.01	00540	NONPATIENT TELEPHONES	515,895	24,185	0	80,724	620,804 5.01
5.02	00590	DATA PROCESSING	8,958,293	100,661	193,517	252,990	22,260 5.02
5.03	00591	PURCHASING RECEIVING AND STORES	1,193,309	134,804	939	90,795	8,038 5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,607,378	66,009	2,175	691,732	29,062 5.04
5.05	00592	OTHER ADMIN & GENERAL	14,509,448	111,129	11,426	961,722	34,008 5.05
7.00	00700	OPERATION OF PLANT	3,065,550	1,643,823	87,028	186,788	18,550 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	282,664	2,005	0	0	0 8.00
9.00	00900	HOUSEKEEPING	977,117	44,180	526	141,257	3,092 9.00
10.00	01000	DIETARY	523,320	61,342	13,641	66,071	9,275 10.00
11.00	01100	CAFETERIA	1,036,475	31,503	39,383	190,754	0 11.00
13.00	01300	NURSING ADMINISTRATION	1,256,916	29,113	5,743	231,483	25,352 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,844	24,593	0	0	0 14.00
15.00	01500	PHARMACY	1,757,996	29,068	26,493	213,250	8,038 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	653,469	26,802	4,280	109,994	10,512 16.00
17.00	01700	SOCIAL SERVICE	85,904	0	0	18,976	0 17.00
17.01	01701	UTILIZATION REVIEW	256,202	1,575	0	57,562	2,473 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	940,345	0	0	86,110	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	705,896	0	0	115,408	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,582,428	489,521	81,035	912,552	29,680 30.00
31.00	03100	INTENSIVE CARE UNIT	1,544,194	50,274	28,376	249,011	6,802 31.00
40.00	04000	SUBPROVIDER - IPF	1,777,952	70,676	4,000	267,386	14,840 40.00
43.00	04300	NURSERY	571,869	4,712	6,908	115,514	5,565 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,258,464	307,648	183,260	476,209	37,718 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,837	14,115	2,065	13,976	1,237 52.00
53.00	05300	ANESTHESIOLOGY	226,061	963	11,116	790	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,260,205	80,328	111,196	316,091	16,077 54.00
54.01	05401	ULTRASOUND	959,659	3,217	284	86,599	0 54.01
57.00	05700	CT SCAN	263,633	6,423	29,275	34,430	0 57.00
58.00	05800	MRI	342,075	5,619	647	40,217	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	926,426	56,980	319,704	117,282	0 59.00
60.00	06000	LABORATORY	6,145,130	63,052	53,882	562,963	19,168 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,093,568	14,273	30,851	168,599	8,038 65.00
66.00	06600	PHYSICAL THERAPY	1,746,432	100,933	16,149	299,682	15,458 66.00
67.00	06700	OCCUPATIONAL THERAPY	346,453	0	0	77,529	0 67.00
68.00	06800	SPEECH PATHOLOGY	282,986	19,824	6,151	61,619	0 68.00
69.00	06900	ELECTROCARDIOLOGY	427,031	2,877	0	46,623	3,092 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,581	13,175	3,860	513	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,126,073	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,224,798	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,765,835	0	0	0	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	317,820	32,308	178	93,416	0 76.00
76.97	07697	CARDIAC REHABILITATION	387,155	0	0	83,917	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,086,281	1,056,877	141,864	5,587,440	259,697 90.00
91.00	09100	EMERGENCY	3,468,069	158,922	31,024	1,298,596	22,260 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,268,767	41,517	0	206,218	9,275 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,950,960	4,975,062	1,447,721	14,612,788	619,567 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	13,809	0	0	1,237 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	491,153	0	0	108,558	0 192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	124,442,113	4,988,871	1,447,721	14,721,346	620,804 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING	9,527,721					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	146,205	1,574,090				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	450,800	5,469	11,852,625			5.04
5.05	00592	OTHER ADMIN & GENERAL	597,006	342	0	16,225,081	16,225,081	5.05
7.00	00700	OPERATION OF PLANT	134,022	621	0	5,136,382	770,103	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	284,669	42,681	8.00
9.00	00900	HOUSEKEEPING	0	3,942	0	1,170,114	175,436	9.00
10.00	01000	DIETARY	85,287	1,843	0	760,779	114,064	10.00
11.00	01100	CAFETERIA	0	5,319	0	1,303,434	195,425	11.00
13.00	01300	NURSING ADMINISTRATION	462,984	353	0	2,011,944	301,653	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,368	124,710	0	180,515	27,065	14.00
15.00	01500	PHARMACY	158,389	74,088	0	2,267,322	339,942	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	231,492	26	0	1,036,575	155,415	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	104,880	15,725	17.00
17.01	01701	UTILIZATION REVIEW	48,735	0	0	366,547	54,957	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	1,026,455	153,897	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	158,389	0	0	979,693	146,886	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	353,330	191,091	464,740	7,104,377	1,065,166	30.00
31.00	03100	INTENSIVE CARE UNIT	109,654	81,965	396,761	2,467,037	369,885	31.00
40.00	04000	SUBPROVIDER - IPF	73,103	4,331	187,770	2,400,058	359,843	40.00
43.00	04300	NURSERY	0	22,958	27,231	754,757	113,161	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	402,065	508,963	1,190,016	6,364,343	954,212	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	454	23,168	156,852	23,517	52.00
53.00	05300	ANESTHESIOLOGY	0	15,196	197,512	451,638	67,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182,757	14,688	384,078	3,365,420	504,581	54.00
54.01	05401	ULTRASOUND	0	1,763	250,098	1,301,620	195,153	54.01
57.00	05700	CT SCAN	24,368	40,686	808,916	1,207,731	181,076	57.00
58.00	05800	MRI	36,551	1,312	240,998	667,419	100,067	58.00
59.00	05900	CARDIAC CATHETERIZATION	158,389	111,817	612,378	2,302,976	345,287	59.00
60.00	06000	LABORATORY	353,330	63,188	1,387,594	8,648,307	1,296,649	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	109,654	39,743	270,644	1,735,370	260,186	65.00
66.00	06600	PHYSICAL THERAPY	316,778	11,763	265,315	2,772,510	415,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	36,993	460,978	69,115	67.00
68.00	06800	SPEECH PATHOLOGY	85,287	63	20,161	476,091	71,381	68.00
69.00	06900	ELECTROCARDIOLOGY	85,287	2,532	271,351	838,793	125,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,735	479	69,746	146,089	21,903	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	634,954	6,761,027	1,013,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	316,237	3,541,035	530,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,239,307	4,005,142	600,495	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	121,838	2,074	28,195	595,829	89,333	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	11,177	482,249	72,304	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,069,383	30,183	1,755,426	23,987,151	3,596,412	90.00
91.00	09100	EMERGENCY	341,146	192,749	731,326	6,244,092	936,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	158,389	19,376	27,096	1,730,638	259,476	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,527,721	1,574,090	11,849,188	123,823,919	16,132,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	15,046	2,256	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,437	603,148	90,431	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,527,721	1,574,090	11,852,625	124,442,113	16,225,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
7.00	00700	OPERATION OF PLANT	5,906,485					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,143	331,493				8.00
9.00	00900	HOUSEKEEPING	91,296	0	1,436,846			9.00
10.00	01000	DIETARY	126,762	0	8,246	1,009,851		10.00
11.00	01100	CAFETERIA	65,101	0	10,995	0	1,574,955	11.00
13.00	01300	NURSING ADMINISTRATION	60,162	0	6,872	0	59,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,822	14,362	13,743	0	0	14.00
15.00	01500	PHARMACY	60,068	0	17,866	0	42,224	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,387	0	30,235	0	29,557	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	3,254	0	1,374	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,011,589	69,873	320,902	493,759	190,008	30.00
31.00	03100	INTENSIVE CARE UNIT	103,891	20,040	39,855	75,603	46,446	31.00
40.00	04000	SUBPROVIDER - IPF	146,051	12,673	43,978	154,977	59,114	40.00
43.00	04300	NURSERY	9,738	4,534	8,246	0	16,890	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	635,751	71,273	261,120	23,732	152,006	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,168	2,743	18,553	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,990	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	165,996	22,416	53,598	0	76,003	54.00
54.01	05401	ULTRASOUND	6,648	7,766	2,749	0	16,890	54.01
57.00	05700	CT SCAN	13,273	6,889	5,497	0	8,445	57.00
58.00	05800	MRI	11,611	1,678	4,810	0	8,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	117,749	6,015	8,933	0	33,779	59.00
60.00	06000	LABORATORY	130,296	0	46,727	0	118,227	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,496	0	51,537	0	29,557	65.00
66.00	06600	PHYSICAL THERAPY	208,577	35,258	57,721	0	67,558	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,553	0	12,667	67.00
68.00	06800	SPEECH PATHOLOGY	40,966	0	8,933	0	12,667	68.00
69.00	06900	ELECTROCARDIOLOGY	5,946	0	10,307	0	4,222	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,225	0	6,872	0	8,445	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	66,763	0	43,978	0	25,334	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	29,557	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,184,025	0	129,186	0	325,125	90.00
91.00	09100	EMERGENCY	328,410	55,973	181,410	0	160,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	85,795	0	13,743	0	42,224	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,877,949	331,493	1,426,539	748,071	1,574,955	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	28,536	0	10,307	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	261,780	0	194.00
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)	5,906,485	331,493	1,436,846	1,009,851	1,574,955	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	2,439,745					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	286,507				14.00
15.00	01500	PHARMACY	0	0	2,727,422			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,307,169		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	120,605	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	368,965	0	122	142,789	80,184	30.00
31.00	03100	INTENSIVE CARE UNIT	118,340	0	40	155,579	9,211	31.00
40.00	04000	SUBPROVIDER - IPF	111,672	0	0	73,629	26,266	40.00
43.00	04300	NURSERY	36,416	0	0	10,678	4,944	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	197,110	0	887	81,766	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,797	0	6,942	8,980	0	52.00
53.00	05300	ANESTHESIOLOGY	495	0	0	15,162	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,425	11,391	0	54.00
54.01	05401	ULTRASOUND	0	0	0	9,453	0	54.01
57.00	05700	CT SCAN	0	0	0	66,218	0	57.00
58.00	05800	MRI	0	0	0	6,433	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	61,306	0	65	65,006	0	59.00
60.00	06000	LABORATORY	0	0	88	147,129	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	42,531	0	8,110	68,368	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12	7,607	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,504	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	771	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35,540	0	0	32,895	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,226	0	0	157	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	187,551	0	90,313	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	98,956	0	32,054	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,771,700	212,054	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,297	0	0	10,361	0	76.00
76.97	07697	CARDIAC REHABILITATION	45,574	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,081,151	0	924,667	212	0	90.00
91.00	09100	EMERGENCY	202,564	0	11,364	55,660	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	68,761	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,439,745	286,507	2,727,422	1,307,169	120,605	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	2,439,745	286,507	2,727,422	1,307,169	120,605	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A			
			17.01	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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
17.01	01701	UTILIZATION REVIEW	426,132					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	1,180,352				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		1,126,579			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	283,313	1,003,250	957,545	13,091,842	-1,960,795	30.00
31.00	03100	INTENSIVE CARE UNIT	32,544	115,241	109,991	3,663,703	-225,232	31.00
40.00	04000	SUBPROVIDER - IPF	92,806	0	0	3,481,067	0	40.00
43.00	04300	NURSERY	17,469	61,861	59,043	1,097,737	-120,904	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,742,200	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	251,552	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	537,000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,202,830	0	54.00
54.01	05401	ULTRASOUND	0	0	0	1,540,279	0	54.01
57.00	05700	CT SCAN	0	0	0	1,489,129	0	57.00
58.00	05800	MRI	0	0	0	800,463	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,941,116	0	59.00
60.00	06000	LABORATORY	0	0	0	10,387,423	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,225,155	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,564,928	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	563,817	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	610,809	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,053,464	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	240,917	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,052,579	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,202,956	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,589,391	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	865,895	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	629,684	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	32,227,929	0	90.00
91.00	09100	EMERGENCY	0	0	0	8,176,107	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,200,637	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	426,132	1,180,352	1,126,579	123,430,609	-2,306,931	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	56,145	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	693,579	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	261,780	0	194.00
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)	426,132	1,180,352	1,126,579	124,442,113	-2,306,931	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
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
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	50,036	745	50,781	4.00
5.01	00540	NONPATIENT TELEPHONES	0	24,185	0	24,185	5.01
5.02	00590	DATA PROCESSING	0	100,661	193,517	294,178	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	196,654	134,804	939	332,397	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	66,009	2,175	68,184	5.04
5.05	00592	OTHER ADMIN & GENERAL	3,630	111,129	11,426	126,185	5.05
7.00	00700	OPERATION OF PLANT	195,263	1,643,823	87,028	1,926,114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,005	0	2,005	8.00
9.00	00900	HOUSEKEEPING	0	44,180	526	44,706	9.00
10.00	01000	DIETARY	0	61,342	13,641	74,983	10.00
11.00	01100	CAFETERIA	0	31,503	39,383	70,886	11.00
13.00	01300	NURSING ADMINISTRATION	16,350	29,113	5,743	51,206	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	567	24,593	0	25,160	14.00
15.00	01500	PHARMACY	141,523	29,068	26,493	197,084	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,802	4,280	31,082	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	1,575	0	1,575	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,828	489,521	81,035	580,384	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50,274	28,376	78,650	31.00
40.00	04000	SUBPROVIDER - IPF	0	70,676	4,000	74,676	40.00
43.00	04300	NURSERY	0	4,712	6,908	11,620	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,456	307,648	183,260	578,364	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,115	2,065	16,180	52.00
53.00	05300	ANESTHESIOLOGY	0	963	11,116	12,079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	80,328	111,196	191,524	54.00
54.01	05401	ULTRASOUND	230,769	3,217	284	234,270	54.01
57.00	05700	CT SCAN	0	6,423	29,275	35,698	57.00
58.00	05800	MRI	0	5,619	647	6,266	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,980	319,704	376,684	59.00
60.00	06000	LABORATORY	0	63,052	53,882	116,934	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,252	14,273	30,851	62,376	65.00
66.00	06600	PHYSICAL THERAPY	18,422	100,933	16,149	135,504	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	19,824	6,151	25,975	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,877	0	2,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,175	3,860	17,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	32,308	178	32,486	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	901,838	1,056,877	141,864	2,100,579	90.00
91.00	09100	EMERGENCY	0	158,922	31,024	189,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	267	41,517	0	41,784	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,819,819	4,975,062	1,447,721	8,242,602	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	13,809	0	13,809	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,819,819	4,988,871	1,447,721	8,256,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	24,463					5.01
5.02	00590	DATA PROCESSING	877	295,927				5.02
5.03	00591	PURCHASING RECEIVING AND STORES	317	4,541	337,568			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,145	14,002	1,173	86,889		5.04
5.05	00592	OTHER ADMIN & GENERAL	1,340	18,543	73	0	149,457	5.05
7.00	00700	OPERATION OF PLANT	731	4,163	133	0	7,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	393	8.00
9.00	00900	HOUSEKEEPING	122	0	845	0	1,616	9.00
10.00	01000	DIETARY	365	2,649	395	0	1,051	10.00
11.00	01100	CAFETERIA	0	0	1,141	0	1,800	11.00
13.00	01300	NURSING ADMINISTRATION	999	14,380	76	0	2,778	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	757	26,744	0	249	14.00
15.00	01500	PHARMACY	317	4,920	15,888	0	3,131	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	414	7,190	6	0	1,432	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	145	17.00
17.01	01701	UTILIZATION REVIEW	97	1,514	0	0	506	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	1,418	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	4,920	0	0	1,353	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,170	10,974	40,980	3,407	9,811	30.00
31.00	03100	INTENSIVE CARE UNIT	268	3,406	17,578	2,909	3,407	31.00
40.00	04000	SUBPROVIDER - IPF	585	2,271	929	1,377	3,314	40.00
43.00	04300	NURSERY	219	0	4,923	200	1,042	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,486	12,488	109,149	8,725	8,789	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49	0	97	170	217	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,259	1,448	624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	634	5,676	3,150	2,816	4,648	54.00
54.01	05401	ULTRASOUND	0	0	378	1,834	1,798	54.01
57.00	05700	CT SCAN	0	757	8,725	5,931	1,668	57.00
58.00	05800	MRI	0	1,135	281	1,767	922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,920	23,979	4,490	3,180	59.00
60.00	06000	LABORATORY	755	10,974	13,551	10,173	11,943	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	317	3,406	8,523	1,984	2,397	65.00
66.00	06600	PHYSICAL THERAPY	609	9,839	2,523	1,945	3,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1	271	637	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,649	13	148	657	68.00
69.00	06900	ELECTROCARDIOLOGY	122	2,649	543	1,989	1,158	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,514	103	511	202	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	4,655	9,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,318	4,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,086	5,531	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,784	445	207	823	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	82	666	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,234	126,390	6,473	12,860	33,135	90.00
91.00	09100	EMERGENCY	877	10,596	41,336	5,362	8,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	365	4,920	4,155	199	2,390	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,414	295,927	337,568	86,864	148,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	49	0	0	0	21	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	25	833	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	24,463	295,927	337,568	86,889	149,457	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCAHSING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
7.00	00700	OPERATION OF PLANT	1,938,878				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,360	3,758			8.00
9.00	00900	HOUSEKEEPING	29,969	0	77,745		9.00
10.00	01000	DIETARY	41,611	0	446	121,728	10.00
11.00	01100	CAFETERIA	21,370	0	595	0	11.00
13.00	01300	NURSING ADMINISTRATION	19,749	0	372	96,450	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,683	163	744	0	14.00
15.00	01500	PHARMACY	19,718	0	967	2,586	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,181	0	1,636	1,810	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	1,068	0	74	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	332,067	792	17,362	59,518	30.00
31.00	03100	INTENSIVE CARE UNIT	34,103	227	2,156	9,113	31.00
40.00	04000	SUBPROVIDER - IPF	47,943	144	2,380	18,681	40.00
43.00	04300	NURSERY	3,197	51	446	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,693	808	14,129	2,861	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,575	31	1,004	0	52.00
53.00	05300	ANESTHESIOLOGY	653	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,490	254	2,900	0	54.00
54.01	05401	ULTRASOUND	2,182	88	149	0	54.01
57.00	05700	CT SCAN	4,357	78	297	0	57.00
58.00	05800	MRI	3,811	19	260	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,653	68	483	0	59.00
60.00	06000	LABORATORY	42,771	0	2,528	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,682	0	2,789	0	65.00
66.00	06600	PHYSICAL THERAPY	68,468	400	3,123	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,004	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,448	0	483	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,952	0	558	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,937	0	372	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,916	0	2,380	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	716,936	0	6,990	0	90.00
91.00	09100	EMERGENCY	107,805	635	9,816	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	28,163	0	744	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,929,511	3,758	77,187	90,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	9,367	0	558	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	31,555	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,938,878	3,758	77,745	121,728	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	93,978					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	70,500				14.00
15.00	01500	PHARMACY	0	0	245,346			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	62,130		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	210	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,212	0	11	6,783	139	30.00
31.00	03100	INTENSIVE CARE UNIT	4,558	0	4	7,391	16	31.00
40.00	04000	SUBPROVIDER - IPF	4,302	0	0	3,498	46	40.00
43.00	04300	NURSERY	1,403	0	0	507	9	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,593	0	80	3,884	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	185	0	625	427	0	52.00
53.00	05300	ANESTHESIOLOGY	19	0	0	720	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	308	541	0	54.00
54.01	05401	ULTRASOUND	0	0	0	449	0	54.01
57.00	05700	CT SCAN	0	0	0	3,146	0	57.00
58.00	05800	MRI	0	0	0	306	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,361	0	6	3,088	0	59.00
60.00	06000	LABORATORY	0	0	8	6,989	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,638	0	730	3,248	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1	361	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	119	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	37	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,369	0	0	1,563	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,164	0	0	7	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	46,150	0	4,290	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,350	0	1,523	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	159,373	10,107	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,321	0	0	492	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,756	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	41,645	0	83,178	10	0	90.00
91.00	09100	EMERGENCY	7,803	0	1,022	2,644	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,649	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,978	70,500	245,346	62,130	210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	93,978	70,500	245,346	62,130	210	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			UTILIZATION REVIEW	SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			17.01	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCAHSING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
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
17.01	01701	UTILIZATION REVIEW	5,032				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	1,715			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0		6,671		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,346			1,095,739	0 30.00
31.00	03100	INTENSIVE CARE UNIT	384			167,873	0 31.00
40.00	04000	SUBPROVIDER - IPF	1,096			165,784	0 40.00
43.00	04300	NURSERY	206			25,255	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			968,000	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			28,608	0 52.00
53.00	05300	ANESTHESIOLOGY	0			18,805	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			272,685	0 54.00
54.01	05401	ULTRASOUND	0			242,481	0 54.01
57.00	05700	CT SCAN	0			61,293	0 57.00
58.00	05800	MRI	0			15,423	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			460,385	0 59.00
60.00	06000	LABORATORY	0			225,807	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			99,481	0 65.00
66.00	06600	PHYSICAL THERAPY	0			231,772	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			3,075	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			44,398	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			15,200	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			30,364	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0			64,432	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			33,081	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			184,097	0 73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0			65,727	0 76.00
76.97	07697	CARDIAC REHABILITATION	0			4,603	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0			3,177,631	0 90.00
91.00	09100	EMERGENCY	0			400,769	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0			88,666	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,032	0	0	8,191,434	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0			23,804	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			1,232	0 192.00
194.00	07950	MEALS ON WHEELS	0			31,555	0 194.00
200.00		Cross Foot Adjustments		1,715	6,671	8,386	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	5,032	1,715	6,671	8,256,411	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00590	DATA PROCESSING	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00592	OTHER ADMIN & GENERAL	5.05
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
17.01	01701	UTILIZATION REVIEW	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	MEALS ON WHEELS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	440,398				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,399,978			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,417	720	61,906,605		4.00
5.01	00540	NONPATIENT TELEPHONES	2,135	0	339,462	1,004	5.01
5.02	00590	DATA PROCESSING	8,886	187,135	1,063,881	36	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	11,900	908	381,813	13	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,827	2,103	2,908,893	47	5.04
5.05	00592	OTHER ADMIN & GENERAL	9,810	11,049	4,044,263	55	5.05
7.00	00700	OPERATION OF PLANT	145,110	84,158	785,489	30	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,900	509	594,018	5	9.00
10.00	01000	DIETARY	5,415	13,191	277,843	15	10.00
11.00	01100	CAFETERIA	2,781	38,084	802,166	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,570	5,554	973,441	41	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,171	0	0	0	14.00
15.00	01500	PHARMACY	2,566	25,619	896,766	13	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,366	4,139	462,549	17	16.00
17.00	01700	SOCIAL SERVICE	0	0	79,799	0	17.00
17.01	01701	UTILIZATION REVIEW	139	0	242,060	4	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	362,114	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	485,316	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,213	78,363	3,837,492	48	30.00
31.00	03100	INTENSIVE CARE UNIT	4,438	27,440	1,047,151	11	31.00
40.00	04000	SUBPROVIDER - IPF	6,239	3,868	1,124,420	24	40.00
43.00	04300	NURSERY	416	6,680	485,763	9	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,158	177,216	2,002,570	61	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,246	1,997	58,771	2	52.00
53.00	05300	ANESTHESIOLOGY	85	10,749	3,324	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,091	107,529	1,329,238	26	54.00
54.01	05401	ULTRASOUND	284	275	364,171	0	54.01
57.00	05700	CT SCAN	567	28,310	144,785	0	57.00
58.00	05800	MRI	496	626	169,121	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,030	309,161	493,199	0	59.00
60.00	06000	LABORATORY	5,566	52,105	2,367,390	31	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,260	29,834	709,000	13	65.00
66.00	06600	PHYSICAL THERAPY	8,910	15,616	1,260,231	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	326,027	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,750	5,948	259,124	0	68.00
69.00	06900	ELECTROCARDIOLOGY	254	0	196,060	5	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,163	3,733	2,158	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	172	392,836	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	352,889	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	93,297	137,186	23,496,410	420	90.00
91.00	09100	EMERGENCY	14,029	30,001	5,460,899	36	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,665	0	867,193	15	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	439,179	1,399,978	61,450,095	1,002	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,219	0	0	2	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	456,510	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,988,871	1,447,721	14,721,346	620,804	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.328096	1.034103	0.237799	618.330677	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,781	24,463	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000820	24.365538	378.423274	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: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCHASING RECEIVING AND STORES	1,887,816					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,559	443,354,173				5.04
5.05	00592	OTHER ADMIN & GENERAL	410	0	-16,225,081	108,217,032		5.05
7.00	00700	OPERATION OF PLANT	745	0	0	5,136,382	252,313	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	284,669	177	8.00
9.00	00900	HOUSEKEEPING	4,728	0	0	1,170,114	3,900	9.00
10.00	01000	DIETARY	2,210	0	0	760,779	5,415	10.00
11.00	01100	CAFETERIA	6,379	0	0	1,303,434	2,781	11.00
13.00	01300	NURSING ADMINISTRATION	423	0	0	2,011,944	2,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	149,565	0	0	180,515	2,171	14.00
15.00	01500	PHARMACY	88,854	0	0	2,267,322	2,566	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31	0	0	1,036,575	2,366	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	104,880	0	17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	366,547	139	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	1,026,455	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	979,693	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,177	17,383,861	0	7,104,377	43,213	30.00
31.00	03100	INTENSIVE CARE UNIT	98,301	14,841,081	0	2,467,037	4,438	31.00
40.00	04000	SUBPROVIDER - IPF	5,194	7,023,636	0	2,400,058	6,239	40.00
43.00	04300	NURSERY	27,534	1,018,585	0	754,757	416	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	610,404	44,513,186	0	6,364,343	27,158	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	544	866,609	0	156,852	1,246	52.00
53.00	05300	ANESTHESIOLOGY	18,225	7,388,052	0	451,638	85	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,616	14,366,653	0	3,365,420	7,091	54.00
54.01	05401	ULTRASOUND	2,114	9,355,042	0	1,301,620	284	54.01
57.00	05700	CT SCAN	48,795	30,257,952	0	1,207,731	567	57.00
58.00	05800	MRI	1,573	9,014,645	0	667,419	496	58.00
59.00	05900	CARDIAC CATHETERIZATION	134,103	22,906,346	0	2,302,976	5,030	59.00
60.00	06000	LABORATORY	75,782	51,903,702	0	8,648,307	5,566	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	47,664	10,123,575	0	1,735,370	1,260	65.00
66.00	06600	PHYSICAL THERAPY	14,107	9,924,241	0	2,772,510	8,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	1,383,749	0	460,978	0	67.00
68.00	06800	SPEECH PATHOLOGY	75	754,132	0	476,091	1,750	68.00
69.00	06900	ELECTROCARDIOLOGY	3,037	10,150,041	0	838,793	254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	575	2,608,899	0	146,089	1,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	23,750,803	0	6,761,027	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,829,020	0	3,541,035	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,356,955	0	4,005,142	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,487	1,054,657	0	595,829	2,852	76.00
76.97	07697	CARDIAC REHABILITATION	0	418,080	0	482,249	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,199	65,662,890	0	23,987,151	93,297	90.00
91.00	09100	EMERGENCY	231,165	27,355,650	0	6,244,092	14,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	23,238	1,013,552	0	1,730,638	3,665	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,887,816	443,225,594	-16,225,081	107,598,838	251,094	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	15,046	1,219	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	128,579	0	603,148	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	1,574,090	11,852,625		16,225,081	5,906,485	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.833815	0.026734		0.149931	23.409357	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	337,568	86,889		149,457	1,938,878	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.178814	0.000196		0.001381	7.684416	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
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: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCAHSING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00592	OTHER ADMIN & GENERAL					5.05
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	382,564				8.00
9.00	00900	HOUSEKEEPING	0	2,091			9.00
10.00	01000	DIETARY	0	12	54,084		10.00
11.00	01100	CAFETERIA	0	16	0	373	11.00
13.00	01300	NURSING ADMINISTRATION	0	10	0	14	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,575	20	0	0	14.00
15.00	01500	PHARMACY	0	26	0	10	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44	0	7	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	2	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	80,638	467	26,444	45	30.00
31.00	03100	INTENSIVE CARE UNIT	23,127	58	4,049	11	31.00
40.00	04000	SUBPROVIDER - IPF	14,625	64	8,300	14	40.00
43.00	04300	NURSERY	5,233	12	0	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,251	380	1,271	36	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,166	27	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,870	78	0	18	54.00
54.01	05401	ULTRASOUND	8,963	4	0	4	54.01
57.00	05700	CT SCAN	7,950	8	0	2	57.00
58.00	05800	MRI	1,937	7	0	2	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,942	13	0	8	59.00
60.00	06000	LABORATORY	0	68	0	28	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	75	0	7	65.00
66.00	06600	PHYSICAL THERAPY	40,690	84	0	16	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27	0	3	67.00
68.00	06800	SPEECH PATHOLOGY	0	13	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15	0	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10	0	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	64	0	6	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	188	0	77	90.00
91.00	09100	EMERGENCY	64,597	264	0	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	20	0	10	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	382,564	2,076	40,064	373	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	15	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	14,020	0	194.00
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)	331,493	1,436,846	1,009,851	1,574,955	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.866503	687.157341	18.671899	4,222.399464	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,758	77,745	121,728	96,450	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009823	37.180775	2.250721	258.579088	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	8.00	9.00	10.00	11.00	13.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQ UTILITIONS)	PHARMACY (COSTED REQ UTILITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING						5.02
5.03	00591	PURCAHSING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00592	OTHER ADMIN & GENERAL						5.05
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	9,336,850					14.00
15.00	01500	PHARMACY	0	4,257,831				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	124,694,639			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	12,099		17.00
17.01	01701	UTILIZATION REVIEW	0	0	0	0	12,099	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	190	13,621,017	8,044	8,044	30.00
31.00	03100	INTENSIVE CARE UNIT	0	62	14,841,081	924	924	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,023,636	2,635	2,635	40.00
43.00	04300	NURSERY	0	0	1,018,585	496	496	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,384	7,799,865	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,838	856,667	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,446,322	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,347	1,086,631	0	0	54.00
54.01	05401	ULTRASOUND	0	0	901,752	0	0	54.01
57.00	05700	CT SCAN	0	0	6,316,665	0	0	57.00
58.00	05800	MRI	0	0	613,638	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	101	6,201,050	0	0	59.00
60.00	06000	LABORATORY	0	138	14,035,000	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,661	6,521,796	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19	725,626	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	238,821	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	73,513	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,137,979	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	14,946	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,112,052	0	8,615,163	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,224,798	0	3,057,671	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,765,835	20,229,120	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	988,357	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,443,516	20,184	0	0	90.00
91.00	09100	EMERGENCY	0	17,740	5,309,554	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,336,850	4,257,831	124,694,639	12,099	12,099	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
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)	286,507	2,727,422	1,307,169	120,605	426,132	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.030686	0.640566	0.010483	9.968179	35.220431	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,500	245,346	62,130	210	5,032	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007551	0.057622	0.000498	0.017357	0.415902	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQ VISITIONS)	PHARMACY (COSTED REQ VISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	
		14.00	15.00	16.00	17.00	17.01	
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: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR	SERVICES-OTHER	
			Y & FRINGES A	PRGM COSTS A	
			(PATIENT DA	(PATIENT DA	
		YS)	YS)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00590	DATA PROCESSING			5.02
5.03	00591	PURCAHSING RECEIVING AND STORES			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05	00592	OTHER ADMIN & GENERAL			5.05
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
17.01	01701	UTILIZATION REVIEW			17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	9,464		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		9,464	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	8,044	8,044	30.00
31.00	03100	INTENSIVE CARE UNIT	924	924	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	496	496	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,464	9,464	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
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)	1,180,352	1,126,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	124.720203	119.038356	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,715	6,671	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.181213	0.704882	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
			21.00	22.00		
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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 12:01 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,131,047		11,131,047	0	11,131,047	30.00
31.00	03100	INTENSIVE CARE UNIT	3,438,471		3,438,471	0	3,438,471	31.00
40.00	04000	SUBPROVIDER - IPF	3,481,067		3,481,067	0	3,481,067	40.00
43.00	04300	NURSERY	976,833		976,833	0	976,833	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,742,200		8,742,200	0	8,742,200	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	251,552		251,552	0	251,552	52.00
53.00	05300	ANESTHESIOLOGY	537,000		537,000	0	537,000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,202,830		4,202,830	0	4,202,830	54.00
54.01	05401	ULTRASOUND	1,540,279		1,540,279	0	1,540,279	54.01
57.00	05700	CT SCAN	1,489,129		1,489,129	0	1,489,129	57.00
58.00	05800	MRI	800,463		800,463	0	800,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,941,116		2,941,116	0	2,941,116	59.00
60.00	06000	LABORATORY	10,387,423		10,387,423	0	10,387,423	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,225,155	0	2,225,155	0	2,225,155	65.00
66.00	06600	PHYSICAL THERAPY	3,564,928	0	3,564,928	0	3,564,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	563,817	0	563,817	0	563,817	67.00
68.00	06800	SPEECH PATHOLOGY	610,809	0	610,809	0	610,809	68.00
69.00	06900	ELECTROCARDIOLOGY	1,053,464		1,053,464	0	1,053,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	240,917		240,917	0	240,917	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,052,579		8,052,579	0	8,052,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,202,956		4,202,956	0	4,202,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,589,391		6,589,391	0	6,589,391	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	865,895		865,895	0	865,895	76.00
76.97	07697	CARDIAC REHABILITATION	629,684		629,684	0	629,684	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,227,929		32,227,929	0	32,227,929	90.00
91.00	09100	EMERGENCY	8,176,107		8,176,107	0	8,176,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,739,673		1,739,673		1,739,673	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,200,637		2,200,637		2,200,637	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	122,863,351	0	122,863,351	0	122,863,351	200.00
201.00		Less Observation Beds	1,739,673		1,739,673		1,739,673	201.00
202.00		Total (see instructions)	121,123,678	0	121,123,678	0	121,123,678	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 12:01 pm	
					Title XVIII	Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,039,298		13,039,298			30.00
31.00	03100	INTENSIVE CARE UNIT	14,841,081		14,841,081			31.00
40.00	04000	SUBPROVIDER - IPF	7,023,636		7,023,636			40.00
43.00	04300	NURSERY	1,018,585		1,018,585			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,799,865	36,713,321	44,513,186	0.196396	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	856,667	9,942	866,609	0.290272	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,446,322	5,941,730	7,388,052	0.072685	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,086,631	13,280,022	14,366,653	0.292541	0.000000	54.00
54.01	05401	ULTRASOUND	901,752	8,453,290	9,355,042	0.164647	0.000000	54.01
57.00	05700	CT SCAN	6,316,665	23,941,287	30,257,952	0.049214	0.000000	57.00
58.00	05800	MRI	613,638	8,401,007	9,014,645	0.088796	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,201,050	16,705,296	22,906,346	0.128397	0.000000	59.00
60.00	06000	LABORATORY	14,035,000	37,868,702	51,903,702	0.200129	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,521,796	3,601,779	10,123,575	0.219799	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	725,626	9,198,615	9,924,241	0.359214	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	238,821	1,144,928	1,383,749	0.407456	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	73,513	680,619	754,132	0.809950	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,137,979	7,012,062	10,150,041	0.103789	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,946	2,593,953	2,608,899	0.092344	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,615,163	15,135,640	23,750,803	0.339044	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,057,671	8,771,349	11,829,020	0.355309	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,229,120	26,127,835	46,356,955	0.142145	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	988,357	66,300	1,054,657	0.821020	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	418,080	418,080	1.506133	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,184	39,377,550	39,397,734	0.818015	0.000000	90.00
91.00	09100	EMERGENCY	5,309,554	22,046,096	27,355,650	0.298882	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	581,719	3,762,844	4,344,563	0.400425	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,013,552	1,013,552			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	124,694,639	292,265,799	416,960,438			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	124,694,639	292,265,799	416,960,438			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 12:01 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.196396		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.290272		52.00
53.00	05300	ANESTHESIOLOGY	0.072685		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.292541		54.00
54.01	05401	ULTRASOUND	0.164647		54.01
57.00	05700	CT SCAN	0.049214		57.00
58.00	05800	MRI	0.088796		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128397		59.00
60.00	06000	LABORATORY	0.200129		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.219799		65.00
66.00	06600	PHYSICAL THERAPY	0.359214		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.407456		67.00
68.00	06800	SPEECH PATHOLOGY	0.809950		68.00
69.00	06900	ELECTROCARDIOLOGY	0.103789		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092344		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.339044		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355309		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142145		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.821020		76.00
76.97	07697	CARDIAC REHABILITATION	1.506133		76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.818015		90.00
91.00	09100	EMERGENCY	0.298882		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.400425		92.00
	OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
8/2/2021 12:01 pm

			Title XIX		Hospital			
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs	Total Costs	
						RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,131,047		11,131,047	0	11,131,047	30.00
31.00	03100	INTENSIVE CARE UNIT	3,438,471		3,438,471	0	3,438,471	31.00
40.00	04000	SUBPROVIDER - IPF	3,481,067		3,481,067	0	3,481,067	40.00
43.00	04300	NURSERY	976,833		976,833	0	976,833	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,742,200		8,742,200	0	8,742,200	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	251,552		251,552	0	251,552	52.00
53.00	05300	ANESTHESIOLOGY	537,000		537,000	0	537,000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,202,830		4,202,830	0	4,202,830	54.00
54.01	05401	ULTRASOUND	1,540,279		1,540,279	0	1,540,279	54.01
57.00	05700	CT SCAN	1,489,129		1,489,129	0	1,489,129	57.00
58.00	05800	MRI	800,463		800,463	0	800,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,941,116		2,941,116	0	2,941,116	59.00
60.00	06000	LABORATORY	10,387,423		10,387,423	0	10,387,423	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,225,155	0	2,225,155	0	2,225,155	65.00
66.00	06600	PHYSICAL THERAPY	3,564,928	0	3,564,928	0	3,564,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	563,817	0	563,817	0	563,817	67.00
68.00	06800	SPEECH PATHOLOGY	610,809	0	610,809	0	610,809	68.00
69.00	06900	ELECTROCARDIOLOGY	1,053,464		1,053,464	0	1,053,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	240,917		240,917	0	240,917	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,052,579		8,052,579	0	8,052,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,202,956		4,202,956	0	4,202,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,589,391		6,589,391	0	6,589,391	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	865,895		865,895	0	865,895	76.00
76.97	07697	CARDIAC REHABILITATION	629,684		629,684	0	629,684	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,227,929		32,227,929	0	32,227,929	90.00
91.00	09100	EMERGENCY	8,176,107		8,176,107	0	8,176,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,739,673		1,739,673		1,739,673	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,200,637		2,200,637		2,200,637	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	122,863,351	0	122,863,351	0	122,863,351	200.00
201.00		Less Observation Beds	1,739,673		1,739,673		1,739,673	201.00
202.00		Total (see instructions)	121,123,678	0	121,123,678	0	121,123,678	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 8/2/2021 12:01 pm		
				Title XIX			Hospital			
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
				Inpatient	Outpatient	Total (col. 6 + col. 7)				
				6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	13,039,298		13,039,298				30.00	
31.00	03100	INTENSIVE CARE UNIT	14,841,081		14,841,081				31.00	
40.00	04000	SUBPROVIDER - IPF	7,023,636		7,023,636				40.00	
43.00	04300	NURSERY	1,018,585		1,018,585				43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	7,799,865	36,713,321	44,513,186	0.196396	0.000000		50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	856,667	9,942	866,609	0.290272	0.000000		52.00	
53.00	05300	ANESTHESIOLOGY	1,446,322	5,941,730	7,388,052	0.072685	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,086,631	13,280,022	14,366,653	0.292541	0.000000		54.00	
54.01	05401	ULTRASOUND	901,752	8,453,290	9,355,042	0.164647	0.000000		54.01	
57.00	05700	CT SCAN	6,316,665	23,941,287	30,257,952	0.049214	0.000000		57.00	
58.00	05800	MRI	613,638	8,401,007	9,014,645	0.088796	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	6,201,050	16,705,296	22,906,346	0.128397	0.000000		59.00	
60.00	06000	LABORATORY	14,035,000	37,868,702	51,903,702	0.200129	0.000000		60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00	
65.00	06500	RESPIRATORY THERAPY	6,521,796	3,601,779	10,123,575	0.219799	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	725,626	9,198,615	9,924,241	0.359214	0.000000		66.00	
67.00	06700	OCCUPATIONAL THERAPY	238,821	1,144,928	1,383,749	0.407456	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	73,513	680,619	754,132	0.809950	0.000000		68.00	
69.00	06900	ELECTROCARDIOLOGY	3,137,979	7,012,062	10,150,041	0.103789	0.000000		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	14,946	2,593,953	2,608,899	0.092344	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,615,163	15,135,640	23,750,803	0.339044	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,057,671	8,771,349	11,829,020	0.355309	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	20,229,120	26,127,835	46,356,955	0.142145	0.000000		73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	988,357	66,300	1,054,657	0.821020	0.000000		76.00	
76.97	07697	CARDIAC REHABILITATION	0	418,080	418,080	1.506133	0.000000		76.97	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	20,184	39,377,550	39,397,734	0.818015	0.000000		90.00	
91.00	09100	EMERGENCY	5,309,554	22,046,096	27,355,650	0.298882	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	581,719	3,762,844	4,344,563	0.400425	0.000000		92.00	
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	1,013,552	1,013,552				101.00	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE							113.00	
200.00		Subtotal (see instructions)	124,694,639	292,265,799	416,960,438				200.00	
201.00		Less Observation Beds							201.00	
202.00		Total (see instructions)	124,694,639	292,265,799	416,960,438				202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 12:01 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
8/2/2021 12:01 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	1,095,739	0	1,095,739	9,380	116.82	30.00
31.00	INTENSIVE CARE UNIT	167,873		167,873	924	181.68	31.00
40.00	SUBPROVIDER - IPF	165,784	0	165,784	2,635	62.92	40.00
43.00	NURSERY	25,255		25,255	496	50.92	43.00
200.00	Total (lines 30 through 199)	1,454,651		1,454,651	13,435		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	3,509	409,921				
31.00	INTENSIVE CARE UNIT	566	102,831				
40.00	SUBPROVIDER - IPF	195	12,269				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,270	525,021				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 8/2/2021 12:01 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	968,000	44,513,186	0.021746	2,441,157	53,085	50.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,608	866,609	0.033011	12,628	417	52.00		
53.00	05300	ANESTHESIOLOGY	18,805	7,388,052	0.002545	448,779	1,142	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	272,685	14,366,653	0.018980	573,678	10,888	54.00		
54.01	05401	ULTRASOUND	242,481	9,355,042	0.025920	374,493	9,707	54.01		
57.00	05700	CT SCAN	61,293	30,257,952	0.002026	3,122,993	6,327	57.00		
58.00	05800	MRI	15,423	9,014,645	0.001711	290,952	498	58.00		
59.00	05900	CARDIAC CATHETERIZATION	460,385	22,906,346	0.020099	2,993,599	60,168	59.00		
60.00	06000	LABORATORY	225,807	51,903,702	0.004350	6,539,921	28,449	60.00		
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00		
65.00	06500	RESPIRATORY THERAPY	99,481	10,123,575	0.009827	3,066,904	30,138	65.00		
66.00	06600	PHYSICAL THERAPY	231,772	9,924,241	0.023354	431,728	10,083	66.00		
67.00	06700	OCCUPATIONAL THERAPY	3,075	1,383,749	0.002222	123,491	274	67.00		
68.00	06800	SPEECH PATHOLOGY	44,398	754,132	0.058873	55,767	3,283	68.00		
69.00	06900	ELECTROCARDIOLOGY	15,200	10,150,041	0.001498	1,591,715	2,384	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	30,364	2,608,899	0.011639	10,952	127	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,432	23,750,803	0.002713	4,449,767	12,072	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,081	11,829,020	0.002797	1,464,494	4,096	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	184,097	46,356,955	0.003971	8,299,383	32,957	73.00		
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65,727	1,054,657	0.062321	0	0	76.00		
76.97	07697	CARDIAC REHABILITATION	4,603	418,080	0.011010	0	0	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,177,631	39,397,734	0.080655	20,184	1,628	90.00		
91.00	09100	EMERGENCY	400,769	27,355,650	0.014650	2,517,878	36,887	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	171,253	4,344,563	0.039418	249,993	9,854	92.00		
200.00		Total (lines 50 through 199)	6,819,370	380,024,286		39,080,456	314,464	200.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 8/2/2021 12:01 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	9,380	0.00	3,509		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	924	0.00	566		31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	2,635	0.00	195		40.00	
43.00	04300	NURSERY		0	0	496	0.00	0		43.00	
200.00		Total (lines 30 through 199)		0	0	13,435		4,270		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	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
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: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet D
Part IV
Date/Time Prepared:
8/2/2021 12:01 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
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	ULTRASOUND	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
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: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 12:01 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	44,513,186	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	866,609	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,388,052	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,366,653	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	9,355,042	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	30,257,952	0.000000	57.00
58.00	05800	MRI	0	0	0	9,014,645	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,906,346	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	51,903,702	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,123,575	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,924,241	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,383,749	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	754,132	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,150,041	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,608,899	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	23,750,803	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,829,020	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,356,955	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,054,657	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	418,080	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	39,397,734	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	27,355,650	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	4,344,563	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	380,024,286		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 12:01 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	2,441,157	0	8,453,604	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	12,628	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	448,779	0	1,243,302	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	573,678	0	3,801,869	0	54.00
54.01	05401	ULTRASOUND		0.000000	374,493	0	1,039,463	0	54.01
57.00	05700	CT SCAN		0.000000	3,122,993	0	7,304,250	0	57.00
58.00	05800	MRI		0.000000	290,952	0	1,995,718	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	2,993,599	0	7,027,732	0	59.00
60.00	06000	LABORATORY		0.000000	6,539,921	0	3,620,721	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	3,066,904	0	1,246,634	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	431,728	0	40,499	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	123,491	0	3,414	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	55,767	0	52,818	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,591,715	0	2,480,210	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	10,952	0	576,489	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	4,449,767	0	4,927,197	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,464,494	0	3,287,255	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	8,299,383	0	7,237,654	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	39,562	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	198,456	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	20,184	0	4,739,666	0	90.00
91.00	09100	EMERGENCY		0.000000	2,517,878	0	4,901,467	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	249,993	0	1,016,588	0	92.00
200.00		Total (lines 50 through 199)			39,080,456	0	65,234,568	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 8/2/2021 12:01 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.196396	8,453,604	0	44	1,660,254	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.290272	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.072685	1,243,302	0	0	90,369	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.292541	3,801,869	0	0	1,112,203	54.00	
54.01	05401	ULTRASOUND	0.164647	1,039,463	0	0	171,144	54.01	
57.00	05700	CT SCAN	0.049214	7,304,250	0	0	359,471	57.00	
58.00	05800	MRI	0.088796	1,995,718	0	0	177,212	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.128397	7,027,732	0	0	902,340	59.00	
60.00	06000	LABORATORY	0.200129	3,620,721	0	0	724,611	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.219799	1,246,634	0	0	274,009	65.00	
66.00	06600	PHYSICAL THERAPY	0.359214	40,499	0	0	14,548	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.407456	3,414	0	0	1,391	67.00	
68.00	06800	SPEECH PATHOLOGY	0.809950	52,818	0	0	42,780	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.103789	2,480,210	0	0	257,419	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092344	576,489	0	0	53,235	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.339044	4,927,197	0	0	1,670,537	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355309	3,287,255	0	0	1,167,991	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142145	7,237,654	1,010	81,675	1,028,796	73.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.821020	39,562	0	0	32,481	76.00	
76.97	07697	CARDIAC REHABILITATION	1.506133	198,456	0	0	298,901	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.818015	4,739,666	0	5,464	3,877,118	90.00	
91.00	09100	EMERGENCY	0.298882	4,901,467	0	956	1,464,960	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.400425	1,016,588	0	0	407,067	92.00	
200.00		Subtotal (see instructions)		65,234,568	1,010	88,139	15,788,837	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
		Only Charges							
202.00		Net Charges (line 200 - line 201)		65,234,568	1,010	88,139	15,788,837	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 8/2/2021 12:01 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	9					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	ULTRASOUND	0	0					54.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144	11,610					73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	4,470					90.00
91.00	09100	EMERGENCY	0	286					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0					92.00
200.00		Subtotal (see instructions)	144	16,375					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	144	16,375					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 8/2/2021 12:01 pm		
				Component CCN: 14-S012				
				Title XVIII	Subprovider - IPF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	968,000	44,513,186	0.021746	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,608	866,609	0.033011	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,805	7,388,052	0.002545	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	272,685	14,366,653	0.018980	2,653	50	54.00
54.01	05401	ULTRASOUND	242,481	9,355,042	0.025920	0	0	54.01
57.00	05700	CT SCAN	61,293	30,257,952	0.002026	19,073	39	57.00
58.00	05800	MRI	15,423	9,014,645	0.001711	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	460,385	22,906,346	0.020099	0	0	59.00
60.00	06000	LABORATORY	225,807	51,903,702	0.004350	54,673	238	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	99,481	10,123,575	0.009827	5,753	57	65.00
66.00	06600	PHYSICAL THERAPY	231,772	9,924,241	0.023354	768	18	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,075	1,383,749	0.002222	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	44,398	754,132	0.058873	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,200	10,150,041	0.001498	2,688	4	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,364	2,608,899	0.011639	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,432	23,750,803	0.002713	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,081	11,829,020	0.002797	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184,097	46,356,955	0.003971	45,835	182	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65,727	1,054,657	0.062321	12,687	791	76.00
76.97	07697	CARDIAC REHABILITATION	4,603	418,080	0.011010	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,177,631	39,397,734	0.080655	0	0	90.00
91.00	09100	EMERGENCY	400,769	27,355,650	0.014650	4,657	68	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	4,344,563	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	6,648,117	380,024,286		148,787	1,447	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0012

Period:

Worksheet D

Component CCN: 14-S012

From 01/01/2020
To 12/31/2020Part IV
Date/Time Prepared:
8/2/2021 12:01 pm

				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	ULTRASOUND		0	0	0	0	0	54.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0	0	0	0	0	92.00
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: 14-0012 Component CCN: 14-S012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 12:01 pm	
			Title XVIII		Subprovider - IPF		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	44,513,186	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	866,609	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,388,052	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,366,653	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	9,355,042	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	30,257,952	0.000000	57.00
58.00	05800	MRI	0	0	0	9,014,645	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,906,346	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	51,903,702	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,123,575	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,924,241	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,383,749	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	754,132	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,150,041	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,608,899	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	23,750,803	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,829,020	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,356,955	0.000000	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,054,657	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	418,080	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	39,397,734	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	27,355,650	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	4,344,563	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	380,024,286		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0012 Component CCN: 14-S012		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 8/2/2021 12:01 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,653	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0.000000	19,073	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	54,673	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,753	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	768	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,688	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	45,835	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	12,687	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	4,657	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			148,787	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 12:01 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,380	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,380	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)		7,914	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,509	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,131,047	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,131,047	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)		11,131,047	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)		1,186.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,164,060	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)		4,164,060	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,438,471	924	3,721.29	566	2,106,250	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)					7,786,706	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,057,016	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)					512,752	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					314,464	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					827,216	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,229,800	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,466	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,186.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,739,673	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
8/2/2021 12:01 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	1,095,739	11,131,047	0.098440	1,739,673	171,253	90.00
91.00 Nursing School cost	0	11,131,047	0.000000	1,739,673	0	91.00
92.00 Allied health cost	0	11,131,047	0.000000	1,739,673	0	92.00
93.00 All other Medical Education	0	11,131,047	0.000000	1,739,673	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,635	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,635	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,635	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		195	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,481,067	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,481,067	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)		3,481,067	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)		1,321.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		257,613	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)		257,613	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 14-S012		Date/Time Prepared: 8/2/2021 12:01 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,800	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					290,413	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)					12,269	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,447	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,716	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					276,697	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0012 Component CCN: 14-S012		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 12:01 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	165,784	3,481,067	0.047624	0	0 90.00
91.00	Nursing School cost	0	3,481,067	0.000000	0	0 91.00
92.00	Allied health cost	0	3,481,067	0.000000	0	0 92.00
93.00	All other Medical Education	0	3,481,067	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 12:01 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		10,059,220	30.00
31.00	03100	INTENSIVE CARE UNIT		2,580,524	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196396	2,441,157	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.290272	12,628	52.00
53.00	05300	ANESTHESIOLOGY	0.072685	448,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.292541	573,678	54.00
54.01	05401	ULTRASOUND	0.164647	374,493	54.01
57.00	05700	CT SCAN	0.049214	3,122,993	57.00
58.00	05800	MRI	0.088796	290,952	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128397	2,993,599	59.00
60.00	06000	LABORATORY	0.200129	6,539,921	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.219799	3,066,904	65.00
66.00	06600	PHYSICAL THERAPY	0.359214	431,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.407456	123,491	67.00
68.00	06800	SPEECH PATHOLOGY	0.809950	55,767	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103789	1,591,715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.092344	10,952	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.339044	4,449,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355309	1,464,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.142145	8,299,383	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.821020	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.506133	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.818015	20,184	90.00
91.00	09100	EMERGENCY	0.298882	2,517,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.400425	249,993	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		39,080,456	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		39,080,456	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 12:01 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		522,210		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.196396	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.290272	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072685	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.292541	2,653	776	54.00
54.01	05401 ULTRASOUND	0.164647	0	0	54.01
57.00	05700 CT SCAN	0.049214	19,073	939	57.00
58.00	05800 MRI	0.088796	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.128397	0	0	59.00
60.00	06000 LABORATORY	0.200129	54,673	10,942	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.219799	5,753	1,265	65.00
66.00	06600 PHYSICAL THERAPY	0.359214	768	276	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.407456	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.809950	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.103789	2,688	279	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.092344	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.339044	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.355309	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.142145	45,835	6,515	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.821020	12,687	10,416	76.00
76.97	07697 CARDIAC REHABILITATION	1.506133	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.818015	0	0	90.00
91.00	09100 EMERGENCY	0.298882	4,657	1,392	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.400425	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		148,787	32,800	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)		148,787		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 12:01 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)			5,582,772	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,714,732	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)			51,106	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			10,315	2.04
3.00	Managed Care Simulated Payments			2,491,774	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			61.99	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)	or		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)			6.00	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)			6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.16	10.00
11.00	FTE count for residents in dental and podiatric programs.			4.00	11.00
12.00	Current year allowable FTE (see instructions)			8.16	12.00
13.00	Total allowable FTE count for the prior year.			8.69	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.			7.39	14.00
15.00	Sum of lines 12 through 14 divided by 3.			8.08	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			8.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.130344	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.142857	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.130344	21.00
22.00	IME payment adjustment (see instructions)			569,864	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			171,133	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)			-1.84	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)			569,864	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			171,133	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)			14.64	31.00
32.00	Sum of lines 30 and 31			16.88	32.00
33.00	Allowable disproportionate share percentage (see instructions)			3.72	33.00
34.00	Disproportionate share adjustment (see instructions)			77,167	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000116891	0.000114255
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		976,112	947,176
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		730,751	238,740
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		969,491	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		9,975,447	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		10,146,580	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		712,652	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).		177,456	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,575	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,038,263	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,038,263	61.00
62.00	Deductibles billed to program beneficiaries		1,031,668	62.00
63.00	Coinurance billed to program beneficiaries		33,440	63.00
64.00	Allowable bad debts (see instructions)		3,315	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,155	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,975,310	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		53,199	70.93
70.94	HRR adjustment amount (see instructions)		-2,792	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 12:01 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)		106,348	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,919,369	71.00
71.01	Sequestration adjustment (see instructions)		65,468	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		9,986,428	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-132,527	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB 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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,519	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,788,837	2.00
3.00	OPPS payments		11,458,533	3.00
4.00	Outlier payment (see instructions)		51,695	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,519	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		89,149	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)		89,149	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		89,149	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		76,513	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		1.000000	17.00
18.00	Total customary charges (see instructions)		89,149	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		72,630	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)		16,519	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)		11,510,228	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,297,263	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)		9,229,484	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		195,477	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,424,961	30.00
31.00	Primary payer payments		841	31.00
32.00	Subtotal (line 30 minus line 31)		9,424,120	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		6,690	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		4,349	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		279	36.00
37.00	Subtotal (see instructions)		9,428,469	37.00
38.00	MSP-LCC reconciliation amount from PS&R		62	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,428,407	40.00
40.01	Sequestration adjustment (see instructions)		62,227	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		9,473,226	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-107,046	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
8/2/2021 12:01 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		9,835,616		9,416,782	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	12/09/2020	150,812	12/09/2020	56,444	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)		150,812		56,444	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)		9,986,428		9,473,226	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		132,527		107,046	6.02
7.00	Total Medicare program liability (see instructions)		9,853,901		9,366,180	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: 14-0012 Component CCN: 14-S012		Period: From 01/01/2020 To 12/31/2020		Worksheet E-1 Part I Date/Time Prepared: 8/2/2021 12:01 pm	
		Title XVIII		Subprovider - IPF		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		164,715		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		164,715		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		795		0	6.02	
7.00	Total Medicare program liability (see instructions)		163,920		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: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 Component CCN: 14-S012	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			182,639 1.00
2.00	Net IPF PPS Outlier Payments			674 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.199454 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			183,313 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			183,313 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			183,313 18.00
19.00	Deductibles			18,304 19.00
20.00	Subtotal (line 18 minus line 19)			165,009 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			165,009 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			165,009 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			165,009 31.00
31.01	Sequestration adjustment (see instructions)			1,089 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			164,715 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-795 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			674 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 12:01 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)			6.00	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)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.16	6.00
7.00	Enter the lesser of line 5 or line 6			4.16	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.	3.66	0.00	3.66	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.	3.66	0.00	3.66	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.25		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.25		10.01
11.00	Total weighted FTE count	3.66	3.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	3.72	4.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	4.22	3.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.87	3.56		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	3.87	3.56		17.00
18.00	Per resident amount	106,349.21	106,349.21		18.00
19.00	Approved amount for resident costs	411,571	378,603	790,174	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)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			790,174	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	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)	4,270	1,297		26.00
27.00	Total Inpatient Days (see instructions)	11,603	11,603		27.00
28.00	Ratio of inpatient days to total inpatient days	0.368008	0.111781		28.00
29.00	Program direct GME amount	290,790	88,326	379,116	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		6,183	6,183	30.00
31.00	Net Program direct GME amount			372,933	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 12:01 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)			0	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)			14,347,429	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			14,347,429	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,805,356	42.00
43.00	Primary payer payments (see instructions)			841	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,804,515	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			30,151,944	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.475838	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.524162	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			372,933	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			177,456	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			195,477	50.00

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

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
8/2/2021 12:01 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	23,613,899	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	31,347,227	0	0	0	4.00
5.00	Other receivable	1,937,178	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,952,691	0	0	0	7.00
8.00	Prepaid expenses	1,393,908	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	60,244,903	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,343,039	0	0	0	12.00
13.00	Land improvements	5,545,610	0	0	0	13.00
14.00	Accumulated depreciation	-4,086,163	0	0	0	14.00
15.00	Buildings	56,084,282	0	0	0	15.00
16.00	Accumulated depreciation	-34,161,049	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-19,000	0	0	0	18.00
19.00	Fixed equipment	46,498,171	0	0	0	19.00
20.00	Accumulated depreciation	-26,949,897	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	39,875,602	0	0	0	23.00
24.00	Accumulated depreciation	-34,818,371	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	1,005,346	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	51,336,570	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	30,649,992	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	1,313,857	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	31,963,849	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,545,322	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,754,819	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,030,496	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,590,843	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	4,748,667	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,304,726	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,429,551	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	18,970,098	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	26,245,565	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	45,215,663	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,645,214	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	58,900,108	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	58,900,108	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,545,322	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
8/2/2021 12:01 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		73,840,150		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-14,931,801				2.00
3.00	Total (sum of line 1 and line 2)		58,908,349		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		58,908,349		0		11.00
12.00	RESTRICTED DONATIONS	8,241		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)		8,241		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		58,900,108		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	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	RESTRICTED DONATIONS		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: 14-0012

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,057,883		14,057,883	1.00
2.00	SUBPROVIDER - IPF	7,023,636		7,023,636	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,081,519		21,081,519	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,841,081		14,841,081	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)	14,841,081		14,841,081	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,922,600		35,922,600	17.00
18.00	Ancillary services	84,334,875	230,371,712	314,706,587	18.00
19.00	Outpatient services	4,437,164	60,880,535	65,317,699	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,013,552	1,013,552	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEE CHARGES	0	43,193,678	43,193,678	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	124,694,639	335,459,477	460,154,116	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		152,291,413		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)		152,291,413		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0012

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
8/2/2021 12:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	460,154,116	1.00
2.00	Less contractual allowances and discounts on patients' accounts	341,439,219	2.00
3.00	Net patient revenues (line 1 minus line 2)	118,714,897	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	152,291,413	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-33,576,516	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,021,198	6.00
7.00	Income from investments	1,491,051	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	0	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	399,476	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	483,688	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	798,659	24.00
24.01	GAIN ON DISPOSAL OF ASSETS	189	24.01
24.02	CERNER UNALIGNED INCOME	29,999	24.02
24.50	COVID-19 PHE Funding	14,602,078	24.50
25.00	Total other income (sum of lines 6-24)	18,826,338	25.00
26.00	Total (line 5 plus line 25)	-14,750,178	26.00
27.00	GAIN/LOSS FROM JOINT VENTURES	181,623	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	181,623	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-14,931,801	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0012

Period:

Worksheet H

HHA CCN: 14-7131

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

8/2/2021 12:01 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	284,508	15,314	0	124,912	183,646
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	394,327	21,226	18,370	0	433,923
7.00	Physical Therapy	0	0	18,003	0	18,003
8.00	Occupational Therapy	0	0	2,737	0	2,737
9.00	Speech Pathology	0	0	497	0	497
10.00	Medical Social Services	171,503	9,232	47	0	180,782
11.00	Home Health Aide	16,855	907	3,902	0	21,664
12.00	Supplies (see instructions)	0	0	0	16,864	16,864
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	867,193	46,679	43,556	124,912	200,510
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	2,781	611,161	0	611,161	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	433,923	0	433,923	0
7.00	Physical Therapy	0	18,003	0	18,003	0
8.00	Occupational Therapy	0	2,737	0	2,737	0
9.00	Speech Pathology	0	497	0	497	0
10.00	Medical Social Services	0	180,782	0	180,782	0
11.00	Home Health Aide	0	21,664	0	21,664	0
12.00	Supplies (see instructions)	-16,864	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-14,083	1,268,767	0	1,268,767	0

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

8/2/2021 12:01 pm

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	611,161	0	0	0	0	611,161	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	433,923	0	0	0	0	433,923	6.00
7.00	Physical Therapy	18,003	0	0	0	0	18,003	7.00
8.00	Occupational Therapy	2,737	0	0	0	0	2,737	8.00
9.00	Speech Pathology	497	0	0	0	0	497	9.00
10.00	Medical Social Services	180,782	0	0	0	0	180,782	10.00
11.00	Home Health Aide	21,664	0	0	0	0	21,664	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,268,767	0	0	0	0	1,268,767	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	611,161						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	403,275	837,198					6.00
7.00	Physical Therapy	16,732	34,735					7.00
8.00	Occupational Therapy	2,544	5,281					8.00
9.00	Speech Pathology	462	959					9.00
10.00	Medical Social Services	168,014	348,796					10.00
11.00	Home Health Aide	20,134	41,798					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,268,767					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0012

Period:

Worksheet H-1

HHA CCN: 14-7131

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
8/2/2021 12:01 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	0	0	0	100	-611,161	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	433,923	6.00
7.00	Physical Therapy	0	0	0	0	18,003	7.00
8.00	Occupational Therapy	0	0	0	0	2,737	8.00
9.00	Speech Pathology	0	0	0	0	497	9.00
10.00	Medical Social Services	0	0	0	0	180,782	10.00
11.00	Home Health Aide	0	0	0	0	21,664	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	100	-611,161	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	611,161	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.929373	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 12:01 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	16,595	0	67,656	3,092	60,919	1.00
2.00	Skilled Nursing Care	837,198	20,765	0	93,771	4,946	85,286	2.00
3.00	Physical Therapy	34,735	0	0	0	0	0	3.00
4.00	Occupational Therapy	5,281	0	0	0	0	0	4.00
5.00	Speech Pathology	959	0	0	0	0	0	5.00
6.00	Medical Social Services	348,796	0	0	40,783	0	0	6.00
7.00	Home Health Aide	41,798	4,157	0	4,008	1,237	12,184	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,268,767	41,517	0	206,218	9,275	158,389	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.04	5A.04	5.05	7.00	8.00	
1.00	Administrative and General	19,376	27,096	194,734	29,197	34,295	0	1.00
2.00	Skilled Nursing Care	0	0	1,041,966	156,222	42,909	0	2.00
3.00	Physical Therapy	0	0	34,735	5,208	0	0	3.00
4.00	Occupational Therapy	0	0	5,281	792	0	0	4.00
5.00	Speech Pathology	0	0	959	144	0	0	5.00
6.00	Medical Social Services	0	0	389,579	58,410	0	0	6.00
7.00	Home Health Aide	0	0	63,384	9,503	8,591	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	19,376	27,096	1,730,638	259,476	85,795	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 12:01 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	5,497	0	21,112	68,761	0	0	1.00
2.00	Skilled Nursing Care	6,872	0	21,112	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	1,374	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,743	0	42,224	68,761	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES A	SERVICES-OTHER PRGM COSTS A	Subtotal	
		16.00	17.00	17.01	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	353,596	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,269,081	2.00
3.00	Physical Therapy	0	0	0	0	0	39,943	3.00
4.00	Occupational Therapy	0	0	0	0	0	6,073	4.00
5.00	Speech Pathology	0	0	0	0	0	1,103	5.00
6.00	Medical Social Services	0	0	0	0	0	447,989	6.00
7.00	Home Health Aide	0	0	0	0	0	82,852	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	2,200,637	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0012

Period:

Worksheet H-2

HHA CCN: 14-7131

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 12:01 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	353,596					1.00
2.00	Skilled Nursing Care	0	1,269,081	242,951	1,512,032			2.00
3.00	Physical Therapy	0	39,943	7,647	47,590			3.00
4.00	Occupational Therapy	0	6,073	1,163	7,236			4.00
5.00	Speech Pathology	0	1,103	211	1,314			5.00
6.00	Medical Social Services	0	447,989	85,763	533,752			6.00
7.00	Home Health Aide	0	82,852	15,861	98,713			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	2,200,637	353,596	2,200,637			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.191439				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012
HHA CCN: 14-7131Period:
From 01/01/2020
To 12/31/2020Worksheet H-2
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

						Home Health Agency I	8/27/2021 12:01 PM PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
				1.00	2.00	4.00		5.01
1.00	Administrative and General	1,465	0	284,508	5	5	23,238	1.00
2.00	Skilled Nursing Care	1,833	0	394,327	8	7	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	171,503	0	0	0	6.00
7.00	Home Health Aide	367	0	16,855	2	1	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,665	0	867,193	15	13	23,238	20.00
21.00	Total cost to be allocated	41,517	0	206,218	9,275	158,389	19,376	21.00
22.00	Unit cost multiplier	11.327967	0.000000	0.237799	618.333333	12,183.769231	0.833807	22.00
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.04	5A.05	5.05	7.00	8.00	9.00	
1.00	Administrative and General	1,013,552	0	194,734	1,465	0	8	1.00
2.00	Skilled Nursing Care	0	0	1,041,966	1,833	0	10	2.00
3.00	Physical Therapy	0	0	34,735	0	0	0	3.00
4.00	Occupational Therapy	0	0	5,281	0	0	0	4.00
5.00	Speech Pathology	0	0	959	0	0	0	5.00
6.00	Medical Social Services	0	0	389,579	0	0	0	6.00
7.00	Home Health Aide	0	0	63,384	367	0	2	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,013,552		1,730,638	3,665	0	20	20.00
21.00	Total cost to be allocated	27,096		259,476	85,795	0	13,743	21.00
22.00	Unit cost multiplier	0.026734		0.149931	23.409277	0.000000	687.150000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0012
HHA CCN: 14-7131Period:
From 01/01/2020
To 12/31/2020Worksheet H-2
Part II
Date/Time Prepared:
8/2/2021 12:01 pm

						Home Health Agency I	8/27/2021 12:01 pm PPS	
Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIONS)	PHARMACY (COSTED REQ UISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	5	22,230	0	0	0	1.00
2.00	Skilled Nursing Care	0	5	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	10	22,230	0	0	0	20.00
21.00	Total cost to be allocated	0	42,224	68,761	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	4,222.400000	3.093162	0.000000	0.000000	0.000000	22.00
Cost Center Description		SOCIAL SERVICE (PATIENT DA YS)	UTILIZATION REVIEW (PATIENT DA YS)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES A (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS A (PATIENT DA YS)			
				17.00	17.01			
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 12:01 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,512,032		1,512,032	3,107	486.65	1.00
2.00	Physical Therapy	3.00	47,590	212,198	259,788	3,045	85.32	2.00
3.00	Occupational Therapy	4.00	7,236	36,599	43,835	463	94.68	3.00
4.00	Speech Pathology	5.00	1,314	13,199	14,513	84	172.77	4.00
5.00	Medical Social Services	6.00	533,752		533,752	8	66,719.00	5.00
6.00	Home Health Aide	7.00	98,713		98,713	660	149.57	6.00
7.00	Total (sum of lines 1-6)		2,200,637	261,996	2,462,633	7,367		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	1,915			8.00
9.00	Physical Therapy		99914	0	1,801			9.00
10.00	Occupational Therapy		99914	0	267			10.00
11.00	Speech Pathology		99914	0	60			11.00
12.00	Medical Social Services		99914	0	5			12.00
13.00	Home Health Aide		99914	0	304			13.00
14.00	Total (sum of lines 8-13)			0	4,352			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	12,536	12,536	36,976	0.339031	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Part A	Program Visits		Cost of Services			
			Part B					
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,915		0	931,935		1.00
2.00	Physical Therapy	0	1,801		0	153,661		2.00
3.00	Occupational Therapy	0	267		0	25,280		3.00
4.00	Speech Pathology	0	60		0	10,366		4.00
5.00	Medical Social Services	0	5		0	333,595		5.00
6.00	Home Health Aide	0	304		0	45,469		6.00
7.00	Total (sum of lines 1-6)	0	4,352		0	1,500,306		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
8/2/2021 12:01 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	36,976	0	0	12,536	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation									
1.00	Skilled Nursing Care	931,935						1.00	
2.00	Physical Therapy	153,661						2.00	
3.00	Occupational Therapy	25,280						3.00	
4.00	Speech Pathology	10,366						4.00	
5.00	Medical Social Services	333,595						5.00	
6.00	Home Health Aide	45,469						6.00	
7.00	Total (sum of lines 1-6)	1,500,306						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0012

Period:

Worksheet H-3

HHA CCN: 14-7131

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

8/2/2021 12:01 pm

Title XVIII

Home Health

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.359214	590,730	212,198	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.407456	89,822	36,599	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.809950	16,296	13,199	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.339044	36,976	12,536	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.142145	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0012 HHA CCN: 14-7131	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	608,285
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	69,135
13.00	Total PPS Reimbursement - LUPA Episodes		0	9,864
14.00	Total PPS Reimbursement - PEP Episodes		0	4,086
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	15,503
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	706,873
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	706,873
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	706,873
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	706,873
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	706,873
31.01	Sequestration adjustment (see instructions)		0	14,137
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	692,736
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0012 HHA CCN: 14-7131	Period: From 01/01/2020 To 12/31/2020	Worksheet H-5 Date/Time Prepared: 8/2/2021 12:01 pm	
		Home Health Agency I		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		0		692,736
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		692,736
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)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		692,736
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0012	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 8/2/2021 12:01 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		644,413	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,344	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)		24.50	3.00
4.00	Number of interns & residents (see instructions)		8.08	4.00
5.00	Indirect medical education percentage (see instructions)		9.76	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)		62,895	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)		712,652	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