

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: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 10:28 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/27/2021	Time: 10:28 am
	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 ADVOCATE SHERMAN HOSPITAL (14-0030) 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 VOLANTE

Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT

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	397,065	-182,216	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	397,065	-182,216	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: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:28 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:				1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE SHERMAN HOSPITAL	140030	20994	1	07/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
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)						1		
							1.00	2.00	
							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		
22.01	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		
22.02	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		
22.03	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	Y	
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		
				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.			6	5,365	0	0	3,959	329

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:28 am			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0	35.00		
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							0	37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00		
							Y/N	Y/N			
							1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)							N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)							N	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	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.							N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	N	N	48.00
Teaching Hospitals											
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.							N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.										57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.										58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #		Pass-Through Qualification Criterion Code				
				1.00	2.00		3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.							Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							23.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 10:28 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 10:28 am

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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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)			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.				
		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: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:28 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
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.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	345,134	1,663,361	5,213,933118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:28 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVOCATE AURORA HEALTH		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00		
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600		PO Box:				142.00		
143.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	
								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.					Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	
				Part A		Part B		Title V	
				1.00		2.00		3.00	
								Title XIX	
				1.00		2.00		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	
156.00	Subprovider - IPF			N		N		N	
157.00	Subprovider - IRF			N		N		N	
158.00	SUBPROVIDER								
159.00	SNF			N		N		N	
160.00	HOME HEALTH AGENCY			N		N		N	
161.00	CMHC			N		N		N	
								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	
				Name		County		State	
				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	
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	
								Beginning	
								1.00	
								Ending	
								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: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 10:28 am
			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)	Y		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	03/22/2021 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
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)	N		N 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/01/2021	Y 06/01/2021 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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 10:28 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	JENNIFER	HANES		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE AURORA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 606-3983	JENNIFER.HANES@AAH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 10:28 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMB. SPECIALIST		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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 10:28 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	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	225	82,350	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)		225	82,350	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,980	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)		255	93,330	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255			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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 10:28 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,204	1,031	43,887			1.00
2.00	HMO and other (see instructions)	6,726	5,475				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,204	1,031	43,887			7.00
8.00	INTENSIVE CARE UNIT	1,919	322	6,088			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		2,270	4,800			13.00
14.00	Total (see instructions)	18,123	3,623	54,775	0.00	1,115.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			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)				0.00	1,115.00	27.00
28.00	Observation Bed Days		85	4,151			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	177	330			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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 10:28 am

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	3,879	543	18,591	1.00
2.00 HMO and other (see instructions)			1,369	2,451		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	3,879	543	18,591	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 10:28 am

	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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	98,758,472	0	98,758,472	2,318,748.00	42.59
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		308,767	22,484	331,251	10,774.00	30.75
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		759,623	0	759,623	9,066.62	83.78
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		21,436	0	21,436	133.00	161.17
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		14,002,073	0	14,002,073	204,976.00	68.31
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)		25,185,877	0	25,185,877		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		101,133	0	101,133		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,109,679	0	3,109,679		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 10:28 am

		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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	944,862	-748,937	195,925	2,891.00	67.77	26.00
27.00	Administrative & General	5.00	17,035,977	-10,952,172	6,083,805	161,680.00	37.63	27.00
28.00	Administrative & General under contract (see inst.)		1,506,044	0	1,506,044	10,101.28	149.09	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	796	6	802	21.00	38.19	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,146,268	42,386	1,188,654	22,942.00	51.81	38.00
39.00	Central Services and Supply	14.00	627,753	-582,135	45,618	669.00	68.19	39.00
40.00	Pharmacy	15.00	3,695,470	76,105	3,771,575	77,153.00	48.88	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,856,637	40,663	1,897,300	35,509.00	53.43	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/27/2021 10:28 am

	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)	100,264,516	0	100,264,516	2,328,849.28	43.05	1.00
2.00	Excluded area salaries (see instructions)	308,767	22,484	331,251	10,774.00	30.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,955,749	-22,484	99,933,265	2,318,075.28	43.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,783,132	0	14,783,132	214,175.62	69.02	4.00
5.00	Subtotal wage-related costs (see inst.)	28,295,556	0	28,295,556	0.00	28.31	5.00
6.00	Total (sum of lines 3 thru 5)	143,034,437	-22,484	143,011,953	2,532,250.90	56.48	6.00
7.00	Total overhead cost (see instructions)	26,813,807	-12,124,084	14,689,723	310,966.28	47.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/27/2021 10:28 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,359,595	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)		541,068	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		79,702	6.00
7.00	Employee Managed Care Program Administration Fees		884,753	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		6,048,293	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,169,185	9.00
10.00	Dental, Hearing and Vision Plan		308,818	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		63,749	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)		866,420	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		696,515	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		7,248,909	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		108,930	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))		70,663	21.00
22.00	Day Care Cost and Allowances		240,420	22.00
23.00	Tuition Reimbursement		599,990	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,287,010	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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	759,623	25,287,010	1.00
2.00	Hospital	759,623	25,287,010	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ADVOCATE SHERMAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/27/2021 10:28 am	
				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)			0.240291	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			30,363,411	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			12,618	5.00
6.00	Medicaid charges			170,602,927	6.00
7.00	Medicaid cost (line 1 times line 6)			40,994,348	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)			10,618,319	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			572,017	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,618,319	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)	43,378,736	1,613,241	44,991,977	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,423,520	1,613,241	12,036,761	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)	10,423,520	1,613,241	12,036,761	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			30,979,304	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			259,656	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			399,471	27.01
28.00	Non-Medicare bad debt expense (see instructions)			30,579,833	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,487,874	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			19,524,635	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			30,142,954	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati 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		8,889,669	8,889,669	9,058,427	17,948,096	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,371,247	10,371,247	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	944,862	17,587,121	18,531,983	-748,937	17,783,046	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,744,802	14,744,802	-3,709	14,741,093	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	17,035,977	63,046,050	80,082,027	-12,803,760	67,278,267	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,637,887	3,637,887	6.00
7.00	00700	OPERATION OF PLANT	796	13,161,257	13,162,053	-3,823,462	9,338,591	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,191,556	1,191,556	-627	1,190,929	8.00
9.00	00900	HOUSEKEEPING	0	3,708,802	3,708,802	-124,258	3,584,544	9.00
10.00	01000	DIETARY	0	4,418,114	4,418,114	-2,041,043	2,377,071	10.00
11.00	01100	CAFETERIA	0	0	0	1,960,947	1,960,947	11.00
13.00	01300	NURSING ADMINISTRATION	1,146,268	767,566	1,913,834	-254,830	1,659,004	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	627,753	3,320,750	3,948,503	-2,436,843	1,511,660	14.00
15.00	01500	PHARMACY	3,695,470	19,273,678	22,969,148	-16,889,000	6,080,148	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,378	72,378	0	72,378	16.00
17.00	01700	SOCIAL SERVICE	1,856,637	165,690	2,022,327	40,663	2,062,990	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	222,099	19,060	241,159	6,901	248,060	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,418,324	4,386,327	26,804,651	3,449,185	30,253,836	30.00
31.00	03100	INTENSIVE CARE UNIT	4,925,433	2,668,811	7,594,244	751,055	8,345,299	31.00
43.00	04300	NURSERY	1,533,029	263,011	1,796,040	112,225	1,908,265	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,570,714	21,557,673	27,128,387	-13,795,898	13,332,489	50.00
51.00	05100	RECOVERY ROOM	3,872,592	699,129	4,571,721	270,389	4,842,110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,294,958	1,891,491	6,186,449	3,713	6,190,162	52.00
53.00	05300	ANESTHESIOLOGY	155,040	1,177,871	1,332,911	-175,938	1,156,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,215,438	7,694,929	13,910,367	-3,655,484	10,254,883	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	615,623	1,491,606	2,107,229	-719,226	1,388,003	55.00
57.00	05700	CT SCAN	1,065,864	970,235	2,036,099	-737,090	1,299,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	386,348	223,646	609,994	-114,570	495,424	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,115,893	8,600,521	9,716,414	-7,378,056	2,338,358	59.00
60.00	06000	LABORATORY	4,086,174	7,801,806	11,887,980	-1,271,802	10,616,178	60.00
64.00	06400	INTRAVENOUS THERAPY	1,510,459	769,911	2,280,370	811,642	3,092,012	64.00
65.00	06500	RESPIRATORY THERAPY	1,973,036	870,780	2,843,816	-206,432	2,637,384	65.00
66.00	06600	PHYSICAL THERAPY	3,106,203	582,881	3,689,084	554,210	4,243,294	66.00
69.00	06900	ELECTROCARDIOLOGY	1,877,688	4,757,821	6,635,509	-3,808,638	2,826,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	344,877	198,496	543,373	-2,319	541,054	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,775,863	13,775,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,332,433	16,332,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,798,700	16,798,700	73.00
74.00	07400	RENAL DIALYSIS	0	927,211	927,211	0	927,211	74.00
76.00	03950	WOUND CARE CENTER	415,054	217,580	632,634	2,645	635,279	76.00
76.01	03951	DIABETIC CENTER	249,847	34,052	283,899	5,452	289,351	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	197,600	194,721	392,321	30,803	423,124	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,868,889	5,348,081	12,216,970	2,063,721	14,280,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	342,859	79,957	422,816	2,625	425,441	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		9,058,427	9,058,427	-9,058,427	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,671,804	232,833,467	331,505,271	-9,616	331,495,655	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	113	542,707	542,820	6,173	548,993	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	48,154	14,191	62,345	3,484	65,829	194.00
194.01	07951	PHYSICIAN REFERRAL	38,401	59,121	97,522	-41	97,481	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	98,758,472	233,449,486	332,207,958	0	332,207,958	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A

Date/Time Prepared:
7/27/2021 10:28 am

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	757,356	18,705,452	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,114,708	12,485,955	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,110,574	21,893,620	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-900,653	13,840,440	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-20,352,216	46,926,051	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,637,887	6.00
7.00	00700	OPERATION OF PLANT	-54,373	9,284,218	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,190,929	8.00
9.00	00900	HOUSEKEEPING	0	3,584,544	9.00
10.00	01000	DIETARY	-9,520	2,367,551	10.00
11.00	01100	CAFETERIA	-416,178	1,544,769	11.00
13.00	01300	NURSING ADMINISTRATION	-2,125	1,656,879	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,511,660	14.00
15.00	01500	PHARMACY	-1,004	6,079,144	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,378	16.00
17.00	01700	SOCIAL SERVICE	-6,790	2,056,200	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	-5,500	242,560	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-465,464	29,788,372	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,345,299	31.00
43.00	04300	NURSERY	-31,783	1,876,482	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-882,283	12,450,206	50.00
51.00	05100	RECOVERY ROOM	0	4,842,110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-787,159	5,403,003	52.00
53.00	05300	ANESTHESIOLOGY	-754,983	401,990	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-974,597	9,280,286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,388,003	55.00
57.00	05700	CT SCAN	0	1,299,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	495,424	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,338,358	59.00
60.00	06000	LABORATORY	-1,079,268	9,536,910	60.00
64.00	06400	INTRAVENOUS THERAPY	1,689	3,093,701	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,637,384	65.00
66.00	06600	PHYSICAL THERAPY	-119,071	4,124,223	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,826,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,500	539,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,775,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,332,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,798,700	73.00
74.00	07400	RENAL DIALYSIS	0	927,211	74.00
76.00	03950	WOUND CARE CENTER	0	635,279	76.00
76.01	03951	DIABETIC CENTER	0	289,351	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	423,124	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,741,712	12,538,979	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	425,441	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-21,601,852	309,893,803	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	548,993	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	65,829	194.00
194.01	07951	PHYSICIAN REFERRAL	0	97,481	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,601,852	310,606,106	200.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

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Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,775,863		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.00	0	46,120		2.00
3.00	WOUND CARE CENTER	76.00	0	3,164		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
			0	13,825,147		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,798,700		1.00
			0	16,798,700		
	C - IMPLANTABLE DEVICES CHARGED TO PATS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,332,433		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
			0	16,332,433		
	D - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	0	3,637,887		1.00
			0	3,637,887		
	E - STERILE PROCESSING					
1.00	OPERATING ROOM	50.00	241,784	572,164		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	38,363	90,784		2.00
3.00	ELECTROCARDIOLOGY	69.00	65,895	155,936		3.00
4.00	CARDIAC CATHETERIZATION	59.00	108,430	256,591		4.00
5.00	EMERGENCY	91.00	173,281	410,058		5.00
			627,753	1,485,533		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,960,947		1.00
			0	1,960,947		
	G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,058,427		1.00
			0	9,058,427		
	H - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,371,247		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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	10,371,247	
I - PTO/BONUS/INCENTIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,235	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	129,536	0	2.00
3.00	OPERATION OF PLANT	7.00	6	0	3.00
4.00	NURSING ADMINISTRATION	13.00	8,777	0	4.00
5.00	PHARMACY	15.00	28,295	0	5.00
6.00	SOCIAL SERVICE	17.00	14,216	0	6.00
7.00	PARAMED ED PRGM- PASTORAL	23.00	1,701	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	171,651	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	37,713	0	9.00
10.00	NURSERY	43.00	11,738	0	10.00
11.00	OPERATING ROOM	50.00	44,505	0	11.00
12.00	RECOVERY ROOM	51.00	29,652	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	33,179	0	13.00
14.00	ANESTHESIOLOGY	53.00	1,187	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	47,590	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	4,714	0	16.00
17.00	CT SCAN	57.00	8,161	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,958	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	9,374	0	19.00
20.00	LABORATORY	60.00	31,287	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	11,565	0	21.00
22.00	RESPIRATORY THERAPY	65.00	15,107	0	22.00
23.00	PHYSICAL THERAPY	66.00	23,784	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	14,882	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	2,641	0	25.00
26.00	WOUND CARE CENTER	76.00	3,178	0	26.00
27.00	DIABETIC CENTER	76.01	1,913	0	27.00
28.00	ADMINISTRATIVE AND GENERAL	5.06	905	0	28.00
29.00	CARDIAC REHABILITATION	76.97	1,513	0	29.00
30.00	EMERGENCY	91.00	53,920	0	30.00
31.00	ANTICOAGULATION CLINIC	93.00	2,625	0	31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1	0	32.00
33.00	ACLS	194.00	369	0	33.00
34.00	PHYSICIAN REFERRAL	194.01	294	0	34.00
0			756,172	0	
J - RECLASS OP PROCEDURE COSTS					
1.00	INTRAVENOUS THERAPY	64.00	802,476	157,011	1.00
0			802,476	157,011	
L - COVID RECLASS					
1.00	NURSING ADMINISTRATION	13.00	33,609	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	45,618	0	2.00
3.00	PHARMACY	15.00	47,810	0	3.00
4.00	SOCIAL SERVICE	17.00	26,447	0	4.00
5.00	PARAMED ED PRGM- PASTORAL	23.00	5,200	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	4,608,280	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	956,761	0	7.00
8.00	NURSERY	43.00	130,196	0	8.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	OPERATING ROOM	50.00	373,408	0	9.00
10.00	RECOVERY ROOM	51.00	368,797	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	266,261	0	11.00
12.00	ANESTHESIOLOGY	53.00	12,712	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	694,056	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	36,823	0	14.00
15.00	CT SCAN	57.00	75,963	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	39,712	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	43,267	0	17.00
18.00	LABORATORY	60.00	167,229	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	37,497	0	19.00
20.00	RESPIRATORY THERAPY	65.00	227,310	0	20.00
21.00	PHYSICAL THERAPY	66.00	541,603	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	240,655	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	47,674	0	23.00
24.00	WOUND CARE CENTER	76.00	40,950	0	24.00
25.00	DIABETIC CENTER	76.01	3,539	0	25.00
26.00	ADMINISTRATIVE AND GENERAL	5.06	8,031	0	26.00
27.00	CARDIAC REHABILITATION	76.97	35,307	0	27.00
28.00	EMERGENCY	91.00	1,961,010	0	28.00
29.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	11,304	0	29.00
30.00	ACLS	194.00	3,115	0	30.00
31.00	PHYSICIAN REFERRAL	194.01	500	0	31.00
	TOTALS		11,090,644	0	
500.00	Grand Total: Increases		13,277,045	73,627,332	500.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

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		Decreases							11/27/2021 10:28 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.					
	6.00	7.00	8.00	9.00	10.00					
A - BILLABLE MEDICAL SUPPLIES										
1.00	NURSING ADMINISTRATION	13.00	0	10,659	0				1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	300,570	0				2.00	
3.00	PHARMACY	15.00	0	9,831	0				3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	256,851	0				4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	207,501	0				5.00	
6.00	NURSERY	43.00	0	15,147	0				6.00	
7.00	OPERATING ROOM	50.00	0	4,689,106	0				7.00	
8.00	RECOVERY ROOM	51.00	0	80,293	0				8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	296,489	0				9.00	
10.00	ANESTHESIOLOGY	53.00	0	185,674	0				10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,186,464	0				11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,630	0				12.00	
13.00	CT SCAN	57.00	0	252,886	0				13.00	
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	95,815	0				14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	1,649,477	0				15.00	
16.00	LABORATORY	60.00	0	818,621	0				16.00	
17.00	INTRAVENOUS THERAPY	64.00	0	181,026	0				17.00	
18.00	RESPIRATORY THERAPY	65.00	0	369,780	0				18.00	
19.00	PHYSICAL THERAPY	66.00	0	1,411	0				19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	1,849,266	0				20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,253	0				21.00	
22.00	CARDIAC REHABILITATION	76.97	0	5	0				22.00	
23.00	EMERGENCY	91.00	0	339,392	0				23.00	
	0		0	13,825,147						
B - DRUGS CHARGED TO PATIENTS										
1.00	PHARMACY	15.00	0	16,798,700	0				1.00	
	0		0	16,798,700						
C - IMPLANTABLE DEVICES CHARGED TO PATS										
1.00	NURSING ADMINISTRATION	13.00	0	176	0				1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,786	0				2.00	
3.00	PHARMACY	15.00	0	8,472	0				3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	3,737	0				4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	4,426	0				5.00	
6.00	OPERATING ROOM	50.00	0	8,238,518	0				6.00	
7.00	RECOVERY ROOM	51.00	0	56	0				7.00	
8.00	ANESTHESIOLOGY	53.00	0	3,696	0				8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	489,644	0				9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	5,567,267	0				10.00	
11.00	LABORATORY	60.00	0	206,346	0				11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	13	0				12.00	
13.00	PHYSICAL THERAPY	66.00	0	878	0				13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	1,761,852	0				14.00	
15.00	WOUND CARE CENTER	76.00	0	37,544	0				15.00	
16.00	EMERGENCY	91.00	0	5,022	0				16.00	
	0		0	16,332,433						
D - MAINTENANCE & REPAIRS										
1.00	OPERATION OF PLANT	7.00	0	3,637,887	0				1.00	
	0		0	3,637,887						
E - STERILE PROCESSING										
1.00	CENTRAL SERVICES & SUPPLY	14.00	627,753	1,485,533	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	
	0		627,753	1,485,533						
F - CAFETERIA										
1.00	DIETARY	10.00	0	1,960,947	0				1.00	
	0		0	1,960,947						
G - INTEREST										
1.00	INTEREST EXPENSE	113.00	0	9,058,427	11				1.00	
	0		0	9,058,427						
H - DEPRECIATION										
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,709	9				1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,897,708	0				2.00	
3.00	OPERATION OF PLANT	7.00	0	185,581	0				3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	627	0				4.00	
5.00	HOUSEKEEPING	9.00	0	124,258	0				5.00	
6.00	DIETARY	10.00	0	80,096	0				6.00	
7.00	NURSING ADMINISTRATION	13.00	0	286,381	0				7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,819	0				8.00	
9.00	PHARMACY	15.00	0	148,102	0				9.00	

RECLASSIFICATIONS

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To 12/31/2020

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Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	ADULTS & PEDIATRICS	30.00	0	110,671	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	31,492	0		11.00
12.00	NURSERY	43.00	0	14,562	0		12.00
13.00	OPERATING ROOM	50.00	0	2,100,135	0		13.00
14.00	RECOVERY ROOM	51.00	0	47,711	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	128,385	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	467	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,721,022	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	755,133	0		18.00
19.00	CT SCAN	57.00	0	568,328	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,425	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	578,974	0		21.00
22.00	LABORATORY	60.00	0	445,351	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	15,868	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	79,069	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	8,888	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	674,888	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,381	0		27.00
28.00	WOUND CARE CENTER	76.00	0	7,103	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	6,012	0		29.00
30.00	EMERGENCY	91.00	0	190,134	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,132	0		31.00
32.00	PHYSICIAN REFERRAL	194.01	0	835	0		32.00
	0		0	10,371,247			
I - PTO/BONUS/INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	756,172	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
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
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
	0		756,172	0			
J - RECLASS OP PROCEDURE COSTS							
1.00	ADULTS & PEDIATRICS	30.00	802,476	157,011	0		1.00
	0		802,476	157,011			
L - COVID RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.00	11,090,644	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 10:28 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
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
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
	TOTALS		11,090,644	0			
500.00	Grand Total: Decreases		13,277,045	73,627,332			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/27/2021 10:28 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0	0	0	0	1.00	
2.00	Land Improvements	7,309,390	0	0	0	0	2.00	
3.00	Buildings and Fixtures	233,291,097	1,508,099	0	1,508,099	0	3.00	
4.00	Building Improvements	3,757,995	127,153	0	127,153	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	94,318,041	4,133,275	0	4,133,275	238,915	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	347,396,523	5,768,527	0	5,768,527	238,915	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	347,396,523	5,768,527	0	5,768,527	238,915	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0					1.00
2.00	Land Improvements	7,309,390	24,675					2.00
3.00	Buildings and Fixtures	234,799,196	9,337,955					3.00
4.00	Building Improvements	3,885,148	112,084					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	98,212,401	35,316,593					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	352,926,135	44,791,307					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	352,926,135	44,791,307					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,889,669	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)	8,889,669	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	8,889,669				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,889,669				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	245,993,734	0	245,993,734	0.714670	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	98,212,401	0	98,212,401	0.285330	0	2.00
3.00	Total (sum of lines 1-2)	344,206,135	0	344,206,135	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,222,941	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,570,011	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,792,952	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	8,109,035	0	0	373,476	18,705,452	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,915,944	12,485,955	2.00
3.00	Total (sum of lines 1-2)	8,109,035	0	0	2,289,420	31,191,407	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-949,392	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	-44,000	ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-54,000	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	-5,681,358			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	5,581,987			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-416,178	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-156,582	ADMINISTRATIVE AND GENERAL	5.06	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	A	1,333,272	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	198,764	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-450,469	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-16,127,550	ADMINISTRATIVE AND GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	ANSWERING SERVICE INCOME		0		0.00	0	33.01
33.02	BILLING SERVICE INCOME	B	-900,653	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	MANAGEMENT SERVICE INCOME	B	-962,106	ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	LAB SERVICE INCOME	B	-717,977	LABORATORY	60.00	0	33.04
33.05	MISC OPERATION OF PLANT	B	-373	OPERATION OF PLANT	7.00	0	33.05
33.06	MISC A&G INCOME	B	-234,361	ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.09	MISC DIETARY INCOME	B	-9,520	DIETARY	10.00	0	33.09
33.10	MISC OPERATING ROOM	B		OPERATING ROOM	50.00	0	33.10
33.11	MISC NURSING ADMIN INCOME	B		NURSING ADMINISTRATION	13.00	0	33.11
33.12	MISC PHARMACY INCOME	B		PHARMACY	15.00	0	33.12
33.13	MISC ADULT & PEDI INCOME	B	-14,995	ADULTS & PEDIATRICS	30.00	0	33.13
33.15	MISC RADIOLOGY INCOME	B	-6,924	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISC LAB REVENUE	B	-57,572	LABORATORY	60.00	0	33.16
33.17	MISC RAD ONCOLOGY REVENUE	B		ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18	MISC PT REVENUE	B	-120	PHYSICAL THERAPY	66.00	0	33.18
33.19	MISC PARAMED EDUCATION REVENUE	B	-114,553	EMERGENCY	91.00	0	33.19
33.20	MISC EDUCATION INCOME	B	-32,583	ADMINISTRATIVE AND GENERAL	5.06	0	33.20
33.21	MISC CARDIAC REHAB REVENUE	B		CARDIAC REHABILITATION	76.97	0	33.21
33.22	MISC ER REVENUE	B	-7,775	EMERGENCY	91.00	0	33.22
33.23	MISC DIABETES REVENUE	B	-5,500	PARAMED ED PRGM- PASTORAL	23.00	0	33.23
33.26	MISC EMPLOYEE BENEFIT REVENUE	B	88,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
34.00	MISC NON-ALLOW EXP - RAD DIAG	A	-95	ADMINISTRATIVE AND GENERAL	5.06	0	34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-1,842,171	ADMINISTRATIVE AND GENERAL	5.06	0	34.01
34.02	MISC NON-ALLOW EXP - OPERATING ROOM	A	-129	DELIVERY ROOM & LABOR ROOM	52.00	0	34.02
34.03	MISC NON-ALLOW EXP -NURSING ADMIN	A	-2,125	NURSING ADMINISTRATION	13.00	0	34.03
34.04	MISC NON-ALLOW EXP -OPERATION OF PLA	A	3,000	OPERATING ROOM	50.00	0	34.04
34.05	MISC NON-ALLOW EXP - PT	A		PHYSICAL THERAPY	66.00	0	34.05
34.06	MISC NON-ALLOW EXP -DIABETES CENTER	A	-1,004	PHARMACY	15.00	0	34.06
34.07	MISC NON-ALLOW EXP -ONCOLOGY	A	-99	INTRAVENOUS THERAPY	64.00	0	34.07
34.08	MISC NON-ALLOW EXP - SOCIAL SERVICE	A	-6,790	SOCIAL SERVICE	17.00	0	34.08
34.09	MISC NON-ALLOW EXP - ER	A	-9,201	EMERGENCY	91.00	0	34.09
34.10	MISC NON-ALLOW EXP - PHYS REFERRAL	A		PHYSICIAN REFERRAL	194.01	0	34.10
34.11	MISC NON-ALLOW EXP -CARDIAC REHAB	A		CARDIAC REHABILITATION	76.97	0	34.11
34.14	MISC NON-ALLOW EXP -GIFT	A		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	34.14
34.15	MISC NON-ALLOW EXP -ACLS	A		ACLS	194.00	0	34.15
34.16	LOBBYING FEES	A	-720	ADMINISTRATIVE AND GENERAL	5.06	0	34.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,601,852				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0030

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 10:28 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDING & FIXTURE	373,476	0
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,915,944	0
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	4,022,574	0
4.00		5.00	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	16,683,587	25,548,430
4.01		5.00	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENER	8,134,836	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				31,130,417	25,548,430

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

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

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

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

6.00	G		0.00	ADVOCATE AURORA	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SOLE COPR BD MB				100.00

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

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

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

Provider CCN: 14-0030

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 10:28 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	373,476	14		1.00
2.00	1,915,944	14		2.00
3.00	4,022,574	0		3.00
4.00	-8,864,843	0		4.00
4.01	8,134,836	0		4.01
5.00	5,581,987			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2021 10:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	222,041	222,041	0	211,500	0	1.00
2.00	43.00	AGGREGATE-NURSERY	31,783	31,783	0	211,500	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	885,283	885,283	0	246,400	0	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	787,030	787,030	0	237,100	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	754,983	754,983	0	239,400	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	967,673	967,673	0	271,900	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	303,719	303,719	0	260,300	0	7.00
8.00	64.00	AGGREGATE-INTRAVENTOUS THERAPY	-1,788	-1,788	0	211,500	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	1,610,183	1,610,183	0	211,500	0	9.00
10.00	66.00	AGGREGATE-PHYSICAL THERAPY	118,951	118,951	0	211,500	0	10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	1,500	1,500	0	211,500	0	11.00
12.00	0.00	AGGREGATE-	0	0	0	0	0	12.00
200.00			5,681,358	5,681,358	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	7.00
8.00	64.00	AGGREGATE-INTRAVENTOUS THERAPY	0	0	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	9.00
10.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	0.00	AGGREGATE-	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	0	0	222,041		1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	31,783		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	885,283		3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	787,030		4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	754,983		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	967,673		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	0	0	303,719		7.00
8.00	64.00	AGGREGATE-INTRAVENTOUS THERAPY	0	0	0	-1,788		8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,610,183		9.00
10.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	118,951		10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	1,500		11.00
12.00	0.00	AGGREGATE-	0	0	0	0		12.00
200.00			0	0	0	5,681,358		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,705,452	18,705,452			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,485,955		12,485,955		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,893,620	140,914	261	22,034,795	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,840,440	0	7,054	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	46,926,051	1,255,200	2,240,670	1,360,108	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,637,887	325,894	224,997	0	6.00
7.00	00700	OPERATION OF PLANT	9,284,218	2,950,994	1,009	179	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,190,929	176,782	189,823	0	8.00
9.00	00900	HOUSEKEEPING	3,584,544	210,966	118,782	0	9.00
10.00	01000	DIETARY	2,367,551	322,978	0	0	10.00
11.00	01100	CAFETERIA	1,544,769	239,673	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,656,879	70,830	338,178	265,738	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,511,660	344,525	92,621	10,198	14.00
15.00	01500	PHARMACY	6,079,144	202,412	176,892	843,181	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	72,378	54,791	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,056,200	0	0	424,164	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	242,560	1,490	0	51,196	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,788,372	4,578,289	151,626	5,901,048	30.00
31.00	03100	INTENSIVE CARE UNIT	8,345,299	715,813	40,892	1,323,466	31.00
43.00	04300	NURSERY	1,876,482	229,564	20,007	374,458	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,450,206	1,308,694	2,517,160	1,392,883	50.00
51.00	05100	RECOVERY ROOM	4,842,110	358,263	57,672	954,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,403,003	597,223	162,263	1,035,709	52.00
53.00	05300	ANESTHESIOLOGY	401,990	0	550	37,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,280,286	783,921	2,065,122	1,555,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,388,003	293,752	891,958	146,916	55.00
57.00	05700	CT SCAN	1,299,009	111,429	669,612	257,094	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	495,424	107,346	72,594	95,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,338,358	455,662	684,069	285,481	59.00
60.00	06000	LABORATORY	9,536,910	526,977	531,607	957,894	60.00
64.00	06400	INTRAVENOUS THERAPY	3,093,701	362,734	21,634	528,053	64.00
65.00	06500	RESPIRATORY THERAPY	2,637,384	150,343	104,942	495,291	65.00
66.00	06600	PHYSICAL THERAPY	4,124,223	199,885	14,924	820,828	66.00
69.00	06900	ELECTROCARDIOLOGY	2,826,871	183,263	797,365	491,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	539,554	225,417	34,602	88,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,775,863	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,332,433	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,798,700	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	927,211	29,550	0	0	74.00
76.00	03950	WOUND CARE CENTER	635,279	27,509	8,670	102,656	76.00
76.01	03951	DIABETIC CENTER	289,351	0	0	57,075	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	423,124	0	7,080	52,407	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,538,979	1,053,209	232,968	2,024,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	ANTICOAGULATION CLINIC	425,441	0	0	77,237	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	309,893,803	18,596,292	12,477,604	22,011,935	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	548,993	109,160	6,044	2,553	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	65,829	0	0	11,544	194.00
194.01	07951	PHYSICIAN REFERRAL	97,481	0	2,307	8,763	194.01
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	310,606,106	18,705,452	12,485,955	22,034,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	51,782,029	51,782,029				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,188,778	838,036	5,026,814			6.00
7.00	00700	OPERATION OF PLANT	12,236,400	2,448,100	873,445	15,557,945		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,557,534	311,611	52,325	196,001	2,117,471	8.00
9.00	00900	HOUSEKEEPING	3,914,292	783,121	62,442	233,900	0	9.00
10.00	01000	DIETARY	2,690,529	538,286	95,596	358,089	0	10.00
11.00	01100	CAFETERIA	1,784,442	357,008	70,939	265,729	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,331,625	466,481	20,964	78,530	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,959,004	391,932	101,973	381,978	0	14.00
15.00	01500	PHARMACY	7,301,629	1,460,815	59,910	224,416	210	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	127,169	25,442	16,217	60,747	0	16.00
17.00	01700	SOCIAL SERVICE	2,480,364	496,239	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	295,246	59,069	441	1,652	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,186,716	8,440,045	1,355,098	5,076,008	757,916	30.00
31.00	03100	INTENSIVE CARE UNIT	10,935,845	2,187,902	211,869	793,630	131,014	31.00
43.00	04300	NURSERY	2,627,220	525,620	67,947	254,521	10,896	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,712,943	3,743,842	387,352	1,450,965	264,626	50.00
51.00	05100	RECOVERY ROOM	6,689,285	1,338,305	106,040	397,210	69,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,484,349	1,497,371	176,768	662,149	162,148	52.00
53.00	05300	ANESTHESIOLOGY	731,888	146,427	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,761,242	2,953,237	232,027	869,142	117,405	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,012,866	602,775	86,946	325,686	0	55.00
57.00	05700	CT SCAN	3,331,810	666,585	32,981	123,542	70,711	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	949,019	189,867	31,773	119,016	25,165	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,083,568	816,987	134,868	505,197	46,803	59.00
60.00	06000	LABORATORY	13,113,549	2,623,588	155,976	584,266	158	60.00
64.00	06400	INTRAVENOUS THERAPY	4,212,264	842,735	107,363	402,168	26,436	64.00
65.00	06500	RESPIRATORY THERAPY	3,608,306	721,903	44,499	166,687	0	65.00
66.00	06600	PHYSICAL THERAPY	5,366,400	1,073,640	59,162	221,614	127,183	66.00
69.00	06900	ELECTROCARDIOLOGY	4,808,091	961,940	54,243	203,185	16,561	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	922,401	184,542	66,720	249,922	6,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,168,527	2,834,655	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,801,623	3,361,450	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,552,226	3,711,688	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	987,450	197,556	8,746	32,763	0	74.00
76.00	03950	WOUND CARE CENTER	790,828	158,219	8,142	30,499	2,254	76.00
76.01	03951	DIABETIC CENTER	350,260	70,075	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	488,948	97,822	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,899,099	3,380,952	311,732	1,167,705	281,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04950	ANTICOAGULATION CLINIC	527,668	105,569	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	309,753,432	51,611,437	4,994,504	15,436,917	2,117,471	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	666,750	133,395	32,310	121,028	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	77,373	15,480	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	108,551	21,717	0	0	0	194.01
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)	310,606,106	51,782,029	5,026,814	15,557,945	2,117,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,993,755					9.00
10.00	01000	DIETARY	118,205	3,800,705				10.00
11.00	01100	CAFETERIA	87,717	0	2,565,835			11.00
13.00	01300	NURSING ADMINISTRATION	25,923	0	27,335	2,950,858		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	126,091	0	797	0	2,961,775	14.00
15.00	01500	PHARMACY	74,080	0	91,926	0	2,941	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,053	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	42,308	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	545	0	9,938	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,675,584	3,469,450	762,804	1,228,979	108,429	30.00
31.00	03100	INTENSIVE CARE UNIT	261,977	286,476	156,092	251,487	57,618	31.00
43.00	04300	NURSERY	84,017	0	39,131	63,045	2,507	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	478,962	0	185,979	299,639	106,724	50.00
51.00	05100	RECOVERY ROOM	131,119	0	117,049	188,582	6,293	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	218,575	0	120,686	194,442	13,788	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,125	0	4,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,903	0	164,968	0	22,877	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	107,509	0	16,154	0	2,137	55.00
57.00	05700	CT SCAN	40,781	0	29,223	0	772	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	39,287	0	10,381	0	1,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	166,765	0	31,119	50,137	13,723	59.00
60.00	06000	LABORATORY	192,866	0	158,926	0	20,758	60.00
64.00	06400	INTRAVENOUS THERAPY	132,755	0	66,168	106,605	4,115	64.00
65.00	06500	RESPIRATORY THERAPY	55,023	0	63,716	102,655	2,840	65.00
66.00	06600	PHYSICAL THERAPY	73,155	0	88,855	0	1,306	66.00
69.00	06900	ELECTROCARDIOLOGY	67,071	0	51,244	0	7,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,499	0	12,813	0	575	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,161,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,377,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,815	0	0	0	67	74.00
76.00	03950	WOUND CARE CENTER	10,068	0	12,985	0	6,615	76.00
76.01	03951	DIABETIC CENTER	0	0	7,421	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	5,301	8,540	268	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	385,459	44,779	273,877	441,255	35,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	9,615	15,492	3	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,953,804	3,800,705	2,562,936	2,950,858	2,961,775	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,951	0	268	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	1,392	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	1,239	0	0	194.01
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)	4,993,755	3,800,705	2,565,835	2,950,858	2,961,775	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- PASTORAL	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	9,215,927					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	249,628				16.00
17.00	01700	SOCIAL SERVICE	0	0	3,018,911			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	0	366,891		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,055	31,726	2,821,567	293,830	68,209,207	30.00
31.00	03100	INTENSIVE CARE UNIT	66	9,206	136,367	13,236	15,432,785	31.00
43.00	04300	NURSERY	0	2,286	41,021	0	3,718,211	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,740	18,832	0	0	25,653,604	50.00
51.00	05100	RECOVERY ROOM	10	8,593	1,109	0	9,053,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,162	13,304	0	10,548,742	52.00
53.00	05300	ANESTHESIOLOGY	50,768	5,260	0	0	945,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,419	0	0	19,427,220	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,271	0	0	4,159,344	55.00
57.00	05700	CT SCAN	0	17,942	0	0	4,314,347	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,206	0	0	1,368,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,772	0	0	5,854,939	59.00
60.00	06000	LABORATORY	0	28,142	0	0	16,878,229	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,718	0	0	5,904,327	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,975	0	0	4,769,604	65.00
66.00	06600	PHYSICAL THERAPY	0	3,726	0	0	7,015,041	66.00
69.00	06900	ELECTROCARDIOLOGY	32,852	9,181	0	0	6,211,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	622	0	0	1,526,885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,083	0	0	18,171,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,463	0	0	21,548,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,025,154	31,630	0	0	31,320,698	73.00
74.00	07400	RENAL DIALYSIS	0	554	0	0	1,237,951	74.00
76.00	03950	WOUND CARE CENTER	8,997	301	0	0	1,028,908	76.00
76.01	03951	DIABETIC CENTER	0	69	0	0	427,825	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	114	0	0	600,993	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	93,285	18,924	5,543	59,825	23,398,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	451	0	0	658,798	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,215,927	249,628	3,018,911	366,891	309,386,652	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	993,702	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	94,245	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	0	131,507	194.01
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)	9,215,927	249,628	3,018,911	366,891	310,606,106	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	68,209,207	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,432,785	31.00
43.00	04300	NURSERY	0	3,718,211	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	25,653,604	50.00
51.00	05100	RECOVERY ROOM	0	9,053,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,548,742	52.00
53.00	05300	ANESTHESIOLOGY	0	945,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,427,220	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,159,344	55.00
57.00	05700	CT SCAN	0	4,314,347	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,368,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,854,939	59.00
60.00	06000	LABORATORY	0	16,878,229	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,904,327	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,769,604	65.00
66.00	06600	PHYSICAL THERAPY	0	7,015,041	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,211,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,526,885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,171,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,548,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,320,698	73.00
74.00	07400	RENAL DIALYSIS	0	1,237,951	74.00
76.00	03950	WOUND CARE CENTER	0	1,028,908	76.00
76.01	03951	DIABETIC CENTER	0	427,825	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	600,993	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	23,398,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	658,798	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	309,386,652	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	993,702	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	94,245	194.00
194.01	07951	PHYSICIAN REFERRAL	0	131,507	194.01
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	310,606,106	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
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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	140,914	261	141,175	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	21,128	0	7,054	28,182	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	731,395	1,255,200	2,240,670	4,227,265	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	325,894	224,997	550,891	6.00
7.00	00700	OPERATION OF PLANT	0	2,950,994	1,009	2,952,003	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	176,782	189,823	366,605	8.00
9.00	00900	HOUSEKEEPING	0	210,966	118,782	329,748	9.00
10.00	01000	DIETARY	0	322,978	0	322,978	10.00
11.00	01100	CAFETERIA	0	239,673	0	239,673	11.00
13.00	01300	NURSING ADMINISTRATION	189,808	70,830	338,178	598,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	344,525	92,621	437,146	14.00
15.00	01500	PHARMACY	0	202,412	176,892	379,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,791	0	54,791	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	1,490	0	1,490	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,553	4,578,289	151,626	4,744,468	30.00
31.00	03100	INTENSIVE CARE UNIT	0	715,813	40,892	756,705	31.00
43.00	04300	NURSERY	0	229,564	20,007	249,571	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,136	1,308,694	2,517,160	3,839,990	50.00
51.00	05100	RECOVERY ROOM	0	358,263	57,672	415,935	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	597,223	162,263	759,486	52.00
53.00	05300	ANESTHESIOLOGY	0	0	550	550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,728	783,921	2,065,122	2,964,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	293,752	891,958	1,185,710	55.00
57.00	05700	CT SCAN	0	111,429	669,612	781,041	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	107,346	72,594	179,940	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	455,662	684,069	1,139,731	59.00
60.00	06000	LABORATORY	0	526,977	531,607	1,058,584	60.00
64.00	06400	INTRAVENOUS THERAPY	1,720	362,734	21,634	386,088	64.00
65.00	06500	RESPIRATORY THERAPY	38,014	150,343	104,942	293,299	65.00
66.00	06600	PHYSICAL THERAPY	0	199,885	14,924	214,809	66.00
69.00	06900	ELECTROCARDIOLOGY	0	183,263	797,365	980,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,904	225,417	34,602	262,923	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	29,550	0	29,550	74.00
76.00	03950	WOUND CARE CENTER	0	27,509	8,670	36,179	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	57,256	0	7,080	64,336	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	151,962	1,053,209	232,968	1,438,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,338,604	18,596,292	12,477,604	32,412,500	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,160	6,044	115,204	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	2,307	2,307	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,338,604	18,705,452	12,485,955	32,530,011	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
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Part II
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	28,182					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	4,235,977				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	68,554	619,445			6.00
7.00	00700	OPERATION OF PLANT	0	200,261	107,633	3,259,898		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,491	6,448	41,069	439,613	8.00
9.00	00900	HOUSEKEEPING	0	64,061	7,695	49,010	0	9.00
10.00	01000	DIETARY	0	44,033	11,780	75,031	0	10.00
11.00	01100	CAFETERIA	0	29,204	8,742	55,679	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	38,159	2,583	16,455	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,061	12,566	80,037	0	14.00
15.00	01500	PHARMACY	0	119,498	7,383	47,023	44	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,081	1,998	12,729	0	16.00
17.00	01700	SOCIAL SERVICE	0	40,594	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	4,832	54	346	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,470	690,489	166,987	1,063,588	157,352	30.00
31.00	03100	INTENSIVE CARE UNIT	1,044	178,976	26,108	166,291	27,200	31.00
43.00	04300	NURSERY	259	42,997	8,373	53,330	2,262	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,136	306,256	47,733	304,025	54,940	50.00
51.00	05100	RECOVERY ROOM	975	109,477	13,067	83,229	14,506	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	585	122,489	21,783	138,742	33,664	52.00
53.00	05300	ANESTHESIOLOGY	596	11,978	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,202	241,582	28,592	182,114	24,375	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	598	49,309	10,714	68,242	0	55.00
57.00	05700	CT SCAN	2,035	54,528	4,064	25,886	14,680	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	364	15,532	3,915	24,938	5,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	655	66,832	16,620	105,855	9,717	59.00
60.00	06000	LABORATORY	3,191	214,616	19,221	122,423	33	60.00
64.00	06400	INTRAVENOUS THERAPY	422	68,938	13,230	84,267	5,488	64.00
65.00	06500	RESPIRATORY THERAPY	451	59,054	5,484	34,926	0	65.00
66.00	06600	PHYSICAL THERAPY	422	87,827	7,290	46,435	26,405	66.00
69.00	06900	ELECTROCARDIOLOGY	1,041	78,689	6,684	42,574	3,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71	15,096	8,222	52,367	1,410	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	803	231,882	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	960	274,975	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,587	303,626	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	63	16,161	1,078	6,865	0	74.00
76.00	03950	WOUND CARE CENTER	34	12,943	1,003	6,391	468	76.00
76.01	03951	DIABETIC CENTER	8	5,732	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	13	8,002	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,146	276,571	38,414	244,672	58,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	51	8,636	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,182	4,222,022	615,464	3,234,539	439,613	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,912	3,981	25,359	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	1,266	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	1,777	0	0	0	194.01
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)	28,182	4,235,977	619,445	3,259,898	439,613	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	450,514					9.00
10.00	01000	DIETARY	10,664	464,486				10.00
11.00	01100	CAFETERIA	7,913	0	341,211			11.00
13.00	01300	NURSING ADMINISTRATION	2,339	0	3,635	663,689		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,375	0	106	0	573,356	14.00
15.00	01500	PHARMACY	6,683	0	12,225	0	569	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,809	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,626	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	49	0	1,322	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,164	424,004	101,437	276,414	20,990	30.00
31.00	03100	INTENSIVE CARE UNIT	23,634	35,010	20,758	56,563	11,154	31.00
43.00	04300	NURSERY	7,580	0	5,204	14,180	485	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,210	0	24,732	67,393	20,660	50.00
51.00	05100	RECOVERY ROOM	11,829	0	15,565	42,415	1,218	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,719	0	16,049	43,733	2,669	52.00
53.00	05300	ANESTHESIOLOGY	0	0	815	0	924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,883	0	21,938	0	4,429	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,699	0	2,148	0	414	55.00
57.00	05700	CT SCAN	3,679	0	3,886	0	150	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,544	0	1,381	0	224	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,045	0	4,138	11,277	2,657	59.00
60.00	06000	LABORATORY	17,399	0	21,134	0	4,018	60.00
64.00	06400	INTRAVENOUS THERAPY	11,977	0	8,799	23,977	797	64.00
65.00	06500	RESPIRATORY THERAPY	4,964	0	8,473	23,088	550	65.00
66.00	06600	PHYSICAL THERAPY	6,600	0	11,816	0	253	66.00
69.00	06900	ELECTROCARDIOLOGY	6,051	0	6,815	0	1,399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,443	0	1,704	0	111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	224,891	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	266,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	976	0	0	0	13	74.00
76.00	03950	WOUND CARE CENTER	908	0	1,727	0	1,281	76.00
76.01	03951	DIABETIC CENTER	0	0	987	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	705	1,921	52	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	34,774	5,472	36,421	99,244	6,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	1,279	3,484	1	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	446,910	464,486	340,825	663,689	573,356	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,604	0	36	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	185	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	165	0	0	194.01
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)	450,514	464,486	341,211	663,689	573,356	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- PASTORAL	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	578,130					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	73,408				16.00
17.00	01700	SOCIAL SERVICE	0	0	48,937			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	0	8,421		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66	9,382	45,737		7,893,378	30.00
31.00	03100	INTENSIVE CARE UNIT	4	2,705	2,211		1,316,840	31.00
43.00	04300	NURSERY	0	672	665		387,977	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	235	5,533	0		4,725,765	50.00
51.00	05100	RECOVERY ROOM	1	2,525	18		716,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,517	216		1,167,286	52.00
53.00	05300	ANESTHESIOLOGY	3,185	1,545	0		19,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,706	0		3,511,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,549	0		1,329,324	55.00
57.00	05700	CT SCAN	0	5,272	0		896,868	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	942	0		236,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,696	0		1,376,052	59.00
60.00	06000	LABORATORY	0	8,269	0		1,475,024	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,093	0		608,458	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,168	0		434,630	65.00
66.00	06600	PHYSICAL THERAPY	0	1,095	0		408,210	66.00
69.00	06900	ELECTROCARDIOLOGY	2,061	2,697	0		1,135,226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	183	0		350,096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,081	0		459,657	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,487	0		545,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	566,162	9,293	0		882,668	73.00
74.00	07400	RENAL DIALYSIS	0	163	0		54,869	74.00
76.00	03950	WOUND CARE CENTER	564	89	0		62,245	76.00
76.01	03951	DIABETIC CENTER	0	20	0		7,113	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0		0	76.02
76.97	07697	CARDIAC REHABILITATION	0	34	0		75,399	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,852	5,560	90		2,265,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	132	0		14,078	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	578,130	73,408	48,937	0	32,356,648	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		159,112	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.01
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	ACLS	0	0	0		1,525	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0		4,305	194.01
200.00		Cross Foot Adjustments				8,421	8,421	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	578,130	73,408	48,937	8,421	32,530,011	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	7,893,378	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,316,840	31.00
43.00	04300	NURSERY	0	387,977	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,725,765	50.00
51.00	05100	RECOVERY ROOM	0	716,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,167,286	52.00
53.00	05300	ANESTHESIOLOGY	0	19,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,511,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,329,324	55.00
57.00	05700	CT SCAN	0	896,868	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	236,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,376,052	59.00
60.00	06000	LABORATORY	0	1,475,024	60.00
64.00	06400	INTRAVENOUS THERAPY	0	608,458	64.00
65.00	06500	RESPIRATORY THERAPY	0	434,630	65.00
66.00	06600	PHYSICAL THERAPY	0	408,210	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,135,226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	350,096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	459,657	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	545,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	882,668	73.00
74.00	07400	RENAL DIALYSIS	0	54,869	74.00
76.00	03950	WOUND CARE CENTER	0	62,245	76.00
76.01	03951	DIABETIC CENTER	0	7,113	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	75,399	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	2,265,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	14,078	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	32,356,648	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	159,112	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	1,525	194.00
194.01	07951	PHYSICIAN REFERRAL	0	4,305	194.01
200.00		Cross Foot Adjustments	0	8,421	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	32,530,011	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.05	5A.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	577,303					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,602,047				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,349	222	98,562,547			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	5,990	0	1,287,548,275		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	38,739	1,902,593	6,083,805	0	-51,782,029	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,058	191,049	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	91,076	857	802	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,456	161,182	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,511	100,860	0	0	0	9.00
10.00	01000	DIETARY	9,968	0	0	0	0	10.00
11.00	01100	CAFETERIA	7,397	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,186	287,153	1,188,654	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,633	78,646	45,618	0	0	14.00
15.00	01500	PHARMACY	6,247	150,202	3,771,575	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,691	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,897,300	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	46	0	229,000	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,299	128,748	26,395,779	164,339,267	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,092	34,722	5,919,907	47,454,699	0	31.00
43.00	04300	NURSERY	7,085	16,988	1,674,963	11,781,443	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,390	2,137,367	6,230,411	97,071,128	0	50.00
51.00	05100	RECOVERY ROOM	11,057	48,970	4,271,041	44,295,480	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,432	137,780	4,632,761	26,606,330	0	52.00
53.00	05300	ANESTHESIOLOGY	0	467	168,939	27,111,090	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,194	1,753,532	6,957,084	100,099,732	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066	757,377	657,160	27,172,179	0	55.00
57.00	05700	CT SCAN	3,439	568,579	1,149,988	92,484,065	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,313	61,641	429,018	16,526,578	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,063	580,855	1,276,964	29,753,380	0	59.00
60.00	06000	LABORATORY	16,264	451,397	4,284,690	145,063,811	0	60.00
64.00	06400	INTRAVENOUS THERAPY	11,195	18,370	2,361,997	19,167,105	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,640	89,108	2,215,453	20,487,791	0	65.00
66.00	06600	PHYSICAL THERAPY	6,169	12,672	3,671,590	19,204,049	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,656	677,057	2,199,120	47,322,348	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	29,381	395,192	3,205,725	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,509,917	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,625,301	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,042,907	0	73.00
74.00	07400	RENAL DIALYSIS	912	0	0	2,853,498	0	74.00
76.00	03950	WOUND CARE CENTER	849	7,362	459,182	1,554,053	0	76.00
76.01	03951	DIABETIC CENTER	0	0	255,299	356,498	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,012	234,420	589,191	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	32,505	197,817	9,057,100	97,547,153	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	345,484	2,323,557	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	573,934	10,594,956	98,460,296	1,287,548,275	-51,782,029	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,369	5,132	11,418	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	51,638	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	1,959	39,195	0	0	194.01
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)	18,705,452	12,485,955	22,034,795	13,847,494		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.401446	1.177693	0.223562	0.010755		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			141,175	28,182		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001432	0.000022		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.05	5A.06	
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: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	258,824,077					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,188,778	524,157				6.00
7.00	00700	OPERATION OF PLANT	12,236,400	91,076	433,081			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,557,534	5,456	5,456	1,555,819		8.00
9.00	00900	HOUSEKEEPING	3,914,292	6,511	6,511	0	421,114	9.00
10.00	01000	DIETARY	2,690,529	9,968	9,968	0	9,968	10.00
11.00	01100	CAFETERIA	1,784,442	7,397	7,397	0	7,397	11.00
13.00	01300	NURSING ADMINISTRATION	2,331,625	2,186	2,186	0	2,186	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,959,004	10,633	10,633	0	10,633	14.00
15.00	01500	PHARMACY	7,301,629	6,247	6,247	154	6,247	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	127,169	1,691	1,691	0	1,691	16.00
17.00	01700	SOCIAL SERVICE	2,480,364	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	295,246	46	46	0	46	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,186,716	141,299	141,299	556,881	141,299	30.00
31.00	03100	INTENSIVE CARE UNIT	10,935,845	22,092	22,092	96,263	22,092	31.00
43.00	04300	NURSERY	2,627,220	7,085	7,085	8,006	7,085	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,712,943	40,390	40,390	194,435	40,390	50.00
51.00	05100	RECOVERY ROOM	6,689,285	11,057	11,057	51,338	11,057	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,484,349	18,432	18,432	119,139	18,432	52.00
53.00	05300	ANESTHESIOLOGY	731,888	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,761,242	24,194	24,194	86,264	24,194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,012,866	9,066	9,066	0	9,066	55.00
57.00	05700	CT SCAN	3,331,810	3,439	3,439	51,955	3,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	949,019	3,313	3,313	18,490	3,313	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,083,568	14,063	14,063	34,389	14,063	59.00
60.00	06000	LABORATORY	13,113,549	16,264	16,264	116	16,264	60.00
64.00	06400	INTRAVENOUS THERAPY	4,212,264	11,195	11,195	19,424	11,195	64.00
65.00	06500	RESPIRATORY THERAPY	3,608,306	4,640	4,640	0	4,640	65.00
66.00	06600	PHYSICAL THERAPY	5,366,400	6,169	6,169	93,448	6,169	66.00
69.00	06900	ELECTROCARDIOLOGY	4,808,091	5,656	5,656	12,168	5,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	922,401	6,957	6,957	4,990	6,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,168,527	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,801,623	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,552,226	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	987,450	912	912	0	912	74.00
76.00	03950	WOUND CARE CENTER	790,828	849	849	1,656	849	76.00
76.01	03951	DIABETIC CENTER	350,260	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	488,948	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,899,099	32,505	32,505	206,703	32,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	527,668	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	257,971,403	520,788	429,712	1,555,819	417,745	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	666,750	3,369	3,369	0	3,369	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	77,373	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	108,551	0	0	0	0	194.01
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)	51,782,029	5,026,814	15,557,945	2,117,471	4,993,755	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.200067	9.590283	35.923869	1.361001	11.858440	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,235,977	619,445	3,259,898	439,613	450,514	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016366	1.181793	7.527225	0.282561	1.069815	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5.06	6.00	7.00	8.00	9.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	150,064					10.00
11.00	01100	CAFETERIA	0	2,153,483				11.00
13.00	01300	NURSING ADMINISTRATION	0	22,942	1,537,192			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	669	0	35,121,342		14.00
15.00	01500	PHARMACY	0	77,153	0	34,872	17,153,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	35,509	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	8,341	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	136,985	640,213	640,213	1,285,765	1,963	30.00
31.00	03100	INTENSIVE CARE UNIT	11,311	131,007	131,007	683,250	122	31.00
43.00	04300	NURSERY	0	32,842	32,842	29,730	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	156,091	156,091	1,265,556	6,962	50.00
51.00	05100	RECOVERY ROOM	0	98,238	98,238	74,625	18	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	101,291	101,291	163,505	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,141	0	56,618	94,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,456	0	271,281	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,558	0	25,344	0	55.00
57.00	05700	CT SCAN	0	24,527	0	9,160	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,713	0	13,731	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,118	26,118	162,729	0	59.00
60.00	06000	LABORATORY	0	133,385	0	246,155	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	55,534	55,534	48,791	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	53,476	53,476	33,681	0	65.00
66.00	06600	PHYSICAL THERAPY	0	74,575	0	15,482	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	43,009	0	85,697	61,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,754	0	6,817	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,775,863	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,332,433	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,798,700	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	790	0	74.00
76.00	03950	WOUND CARE CENTER	0	10,898	0	78,439	16,747	76.00
76.01	03951	DIABETIC CENTER	0	6,228	0	5	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	4,449	4,449	3,175	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,768	229,863	229,863	417,816	173,634	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	8,070	8,070	32	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	150,064	2,151,050	1,537,192	35,121,342	17,153,790	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	225	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	1,168	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	1,040	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,800,705	2,565,835	2,950,858	2,961,775	9,215,927	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.327227	1.191481	1.919642	0.084330	0.537253	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	464,486	341,211	663,689	573,356	578,130	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.095253	0.158446	0.431754	0.016325	0.033703	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	10.00	11.00	13.00	14.00	15.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
			16.00	17.00	23.00	
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
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,287,548,275			16.00
17.00	01700	SOCIAL SERVICE	0	2,723		17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	693	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	164,339,267	2,545	555	30.00
31.00	03100	INTENSIVE CARE UNIT	47,454,699	123	25	31.00
43.00	04300	NURSERY	11,781,443	37	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	97,071,128	0	0	50.00
51.00	05100	RECOVERY ROOM	44,295,480	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,606,330	12	0	52.00
53.00	05300	ANESTHESIOLOGY	27,111,090	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,099,732	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27,172,179	0	0	55.00
57.00	05700	CT SCAN	92,484,065	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,526,578	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,753,380	0	0	59.00
60.00	06000	LABORATORY	145,063,811	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	19,167,105	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	20,487,791	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,204,049	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	47,322,348	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,205,725	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,509,917	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,625,301	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	163,042,907	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,853,498	0	0	74.00
76.00	03950	WOUND CARE CENTER	1,554,053	0	0	76.00
76.01	03951	DIABETIC CENTER	356,498	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	589,191	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	97,547,153	5	113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950	ANTICOAGULATION CLINIC	2,323,557	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,287,548,275	2,723	693	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	ACLS	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	194.01
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)	249,628	3,018,911	366,891	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000194	1,108.670951	529.424242	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,408	48,937	8,421	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000057	17.971722	12.151515	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	16.00	17.00	23.00	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 10:28 am

			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	68,209,207		68,209,207	0	68,209,207	30.00
31.00	03100	INTENSIVE CARE UNIT	15,432,785		15,432,785	0	15,432,785	31.00
43.00	04300	NURSERY	3,718,211		3,718,211	0	3,718,211	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,653,604		25,653,604	0	25,653,604	50.00
51.00	05100	RECOVERY ROOM	9,053,466		9,053,466	0	9,053,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,548,742		10,548,742	0	10,548,742	52.00
53.00	05300	ANESTHESIOLOGY	945,243		945,243	0	945,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,427,220		19,427,220	0	19,427,220	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,159,344		4,159,344	0	4,159,344	55.00
57.00	05700	CT SCAN	4,314,347		4,314,347	0	4,314,347	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,368,872		1,368,872	0	1,368,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,854,939		5,854,939	0	5,854,939	59.00
60.00	06000	LABORATORY	16,878,229		16,878,229	0	16,878,229	60.00
64.00	06400	INTRAVENOUS THERAPY	5,904,327		5,904,327	0	5,904,327	64.00
65.00	06500	RESPIRATORY THERAPY	4,769,604	0	4,769,604	0	4,769,604	65.00
66.00	06600	PHYSICAL THERAPY	7,015,041	0	7,015,041	0	7,015,041	66.00
69.00	06900	ELECTROCARDIOLOGY	6,211,595		6,211,595	0	6,211,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,526,885		1,526,885	0	1,526,885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,171,984		18,171,984	0	18,171,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,548,842		21,548,842	0	21,548,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,320,698		31,320,698	0	31,320,698	73.00
74.00	07400	RENAL DIALYSIS	1,237,951		1,237,951	0	1,237,951	74.00
76.00	03950	WOUND CARE CENTER	1,028,908		1,028,908	0	1,028,908	76.00
76.01	03951	DIABETIC CENTER	427,825		427,825	0	427,825	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	600,993		600,993	0	600,993	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,398,992		23,398,992	0	23,398,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,894,005		5,894,005	0	5,894,005	92.00
93.00	04950	ANTICOAGULATION CLINIC	658,798		658,798	0	658,798	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	315,280,657	0	315,280,657	0	315,280,657	200.00
201.00		Less Observation Beds	5,894,005		5,894,005		5,894,005	201.00
202.00		Total (see instructions)	309,386,652	0	309,386,652	0	309,386,652	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 10:28 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	147,921,782		147,921,782			30.00
31.00	03100	INTENSIVE CARE UNIT	47,454,699		47,454,699			31.00
43.00	04300	NURSERY	11,781,443		11,781,443			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,932,105	64,139,023	97,071,128	0.264276	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,545,370	34,750,110	44,295,480	0.204388	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,423,673	9,182,657	26,606,330	0.396475	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,062,320	17,048,770	27,111,090	0.034866	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,680,412	81,419,320	100,099,732	0.194079	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	721,302	26,450,877	27,172,179	0.153074	0.000000	55.00
57.00	05700	CT SCAN	32,053,523	60,430,542	92,484,065	0.046650	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,633,671	9,892,907	16,526,578	0.082829	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,902,189	13,851,191	29,753,380	0.196782	0.000000	59.00
60.00	06000	LABORATORY	64,639,718	80,424,093	145,063,811	0.116350	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	7,008,370	12,158,735	19,167,105	0.308045	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	18,426,523	2,061,268	20,487,791	0.232802	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,390,995	10,813,054	19,204,049	0.365290	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	15,324,009	31,998,339	47,322,348	0.131261	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,418	3,080,307	3,205,725	0.476299	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,784,231	17,725,686	36,509,917	0.497727	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,438,134	21,187,167	43,625,301	0.493953	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,538,782	77,504,125	163,042,907	0.192101	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,853,498	0	2,853,498	0.433836	0.000000	74.00
76.00	03950	WOUND CARE CENTER	76,456	1,477,597	1,554,053	0.662080	0.000000	76.00
76.01	03951	DIABETIC CENTER	552	355,946	356,498	1.200077	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	589,191	589,191	1.020031	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,776,063	72,771,090	97,547,153	0.239874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,823,139	10,594,346	16,417,485	0.359008	0.000000	92.00
93.00	04950	ANTICOAGULATION CLINIC	4,024	2,319,533	2,323,557	0.283530	0.000000	93.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	625,322,401	662,225,874	1,287,548,275			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	625,322,401	662,225,874	1,287,548,275			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/27/2021 10:28 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.264276		50.00
51.00	05100	RECOVERY ROOM	0.204388		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396475		52.00
53.00	05300	ANESTHESIOLOGY	0.034866		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194079		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153074		55.00
57.00	05700	CT SCAN	0.046650		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082829		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196782		59.00
60.00	06000	LABORATORY	0.116350		60.00
64.00	06400	INTRAVENOUS THERAPY	0.308045		64.00
65.00	06500	RESPIRATORY THERAPY	0.232802		65.00
66.00	06600	PHYSICAL THERAPY	0.365290		66.00
69.00	06900	ELECTROCARDIOLOGY	0.131261		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.476299		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.497727		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.493953		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192101		73.00
74.00	07400	RENAL DIALYSIS	0.433836		74.00
76.00	03950	WOUND CARE CENTER	0.662080		76.00
76.01	03951	DIABETIC CENTER	1.200077		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	1.020031		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.239874		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359008		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.283530		93.00
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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 10:28 am

				Title XIX		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	68,209,207		68,209,207	0	68,209,207	30.00	
31.00	03100	INTENSIVE CARE UNIT	15,432,785		15,432,785	0	15,432,785	31.00	
43.00	04300	NURSERY	3,718,211		3,718,211	0	3,718,211	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,653,604		25,653,604	0	25,653,604	50.00	
51.00	05100	RECOVERY ROOM	9,053,466		9,053,466	0	9,053,466	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,548,742		10,548,742	0	10,548,742	52.00	
53.00	05300	ANESTHESIOLOGY	945,243		945,243	0	945,243	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,427,220		19,427,220	0	19,427,220	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,159,344		4,159,344	0	4,159,344	55.00	
57.00	05700	CT SCAN	4,314,347		4,314,347	0	4,314,347	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,368,872		1,368,872	0	1,368,872	58.00	
59.00	05900	CARDIAC CATHETERIZATION	5,854,939		5,854,939	0	5,854,939	59.00	
60.00	06000	LABORATORY	16,878,229		16,878,229	0	16,878,229	60.00	
64.00	06400	INTRAVENOUS THERAPY	5,904,327		5,904,327	0	5,904,327	64.00	
65.00	06500	RESPIRATORY THERAPY	4,769,604	0	4,769,604	0	4,769,604	65.00	
66.00	06600	PHYSICAL THERAPY	7,015,041	0	7,015,041	0	7,015,041	66.00	
69.00	06900	ELECTROCARDIOLOGY	6,211,595		6,211,595	0	6,211,595	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,526,885		1,526,885	0	1,526,885	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,171,984		18,171,984	0	18,171,984	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,548,842		21,548,842	0	21,548,842	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	31,320,698		31,320,698	0	31,320,698	73.00	
74.00	07400	RENAL DIALYSIS	1,237,951		1,237,951	0	1,237,951	74.00	
76.00	03950	WOUND CARE CENTER	1,028,908		1,028,908	0	1,028,908	76.00	
76.01	03951	DIABETIC CENTER	427,825		427,825	0	427,825	76.01	
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	600,993		600,993	0	600,993	76.97	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	23,398,992		23,398,992	0	23,398,992	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,894,005		5,894,005	0	5,894,005	92.00	
93.00	04950	ANTICOAGULATION CLINIC	658,798		658,798	0	658,798	93.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	315,280,657	0	315,280,657	0	315,280,657	200.00	
201.00		Less Observation Beds	5,894,005		5,894,005		5,894,005	201.00	
202.00		Total (see instructions)	309,386,652	0	309,386,652	0	309,386,652	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 10:28 am

			Title XIX			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	147,921,782		147,921,782			30.00
31.00	03100	INTENSIVE CARE UNIT	47,454,699		47,454,699			31.00
43.00	04300	NURSERY	11,781,443		11,781,443			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,932,105	64,139,023	97,071,128	0.264276	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,545,370	34,750,110	44,295,480	0.204388	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,423,673	9,182,657	26,606,330	0.396475	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,062,320	17,048,770	27,111,090	0.034866	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,680,412	81,419,320	100,099,732	0.194079	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	721,302	26,450,877	27,172,179	0.153074	0.000000	55.00
57.00	05700	CT SCAN	32,053,523	60,430,542	92,484,065	0.046650	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,633,671	9,892,907	16,526,578	0.082829	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,902,189	13,851,191	29,753,380	0.196782	0.000000	59.00
60.00	06000	LABORATORY	64,639,718	80,424,093	145,063,811	0.116350	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	7,008,370	12,158,735	19,167,105	0.308045	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	18,426,523	2,061,268	20,487,791	0.232802	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,390,995	10,813,054	19,204,049	0.365290	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	15,324,009	31,998,339	47,322,348	0.131261	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,418	3,080,307	3,205,725	0.476299	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,784,231	17,725,686	36,509,917	0.497727	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,438,134	21,187,167	43,625,301	0.493953	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,538,782	77,504,125	163,042,907	0.192101	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,853,498	0	2,853,498	0.433836	0.000000	74.00
76.00	03950	WOUND CARE CENTER	76,456	1,477,597	1,554,053	0.662080	0.000000	76.00
76.01	03951	DIABETIC CENTER	552	355,946	356,498	1.200077	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	589,191	589,191	1.020031	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,776,063	72,771,090	97,547,153	0.239874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,823,139	10,594,346	16,417,485	0.359008	0.000000	92.00
93.00	04950	ANTICOAGULATION CLINIC	4,024	2,319,533	2,323,557	0.283530	0.000000	93.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	625,322,401	662,225,874	1,287,548,275			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	625,322,401	662,225,874	1,287,548,275			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/27/2021 10:28 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.264276		50.00
51.00	05100	RECOVERY ROOM	0.204388		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396475		52.00
53.00	05300	ANESTHESIOLOGY	0.034866		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194079		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153074		55.00
57.00	05700	CT SCAN	0.046650		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082829		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196782		59.00
60.00	06000	LABORATORY	0.116350		60.00
64.00	06400	INTRAVENOUS THERAPY	0.308045		64.00
65.00	06500	RESPIRATORY THERAPY	0.232802		65.00
66.00	06600	PHYSICAL THERAPY	0.365290		66.00
69.00	06900	ELECTROCARDIOLOGY	0.131261		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.476299		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.497727		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.493953		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192101		73.00
74.00	07400	RENAL DIALYSIS	0.433836		74.00
76.00	03950	WOUND CARE CENTER	0.662080		76.00
76.01	03951	DIABETIC CENTER	1.200077		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	1.020031		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.239874		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359008		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.283530		93.00
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,653,604	4,725,765	20,927,839	0	0
51.00	05100	RECOVERY ROOM	9,053,466	716,876	8,336,590	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,548,742	1,167,286	9,381,456	0	0
53.00	05300	ANESTHESIOLOGY	945,243	19,835	925,408	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,427,220	3,511,555	15,915,665	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,159,344	1,329,324	2,830,020	0	0
57.00	05700	CT SCAN	4,314,347	896,868	3,417,479	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,368,872	236,619	1,132,253	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,854,939	1,376,052	4,478,887	0	0
60.00	06000	LABORATORY	16,878,229	1,475,024	15,403,205	0	0
64.00	06400	INTRAVENOUS THERAPY	5,904,327	608,458	5,295,869	0	0
65.00	06500	RESPIRATORY THERAPY	4,769,604	434,630	4,334,974	0	0
66.00	06600	PHYSICAL THERAPY	7,015,041	408,210	6,606,831	0	0
69.00	06900	ELECTROCARDIOLOGY	6,211,595	1,135,226	5,076,369	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,526,885	350,096	1,176,789	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,171,984	459,657	17,712,327	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,548,842	545,048	21,003,794	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,320,698	882,668	30,438,030	0	0
74.00	07400	RENAL DIALYSIS	1,237,951	54,869	1,183,082	0	0
76.00	03950	WOUND CARE CENTER	1,028,908	62,245	966,663	0	0
76.01	03951	DIABETIC CENTER	427,825	7,113	420,712	0	0
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	600,993	75,399	525,594	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	23,398,992	2,265,552	21,133,440	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,894,005	682,072	5,211,933	0	0
93.00	04950	ANTICOAGULATION CLINIC	658,798	14,078	644,720	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (sum of lines 50 thru 199)	227,920,454	23,440,525	204,479,929	0	0
201.00		Less Observation Beds	5,894,005	682,072	5,211,933	0	0
202.00		Total (line 200 minus line 201)	222,026,449	22,758,453	199,267,996	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/27/2021 10:28 am

			Title XIX		Hospital	PPS
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	25,653,604	97,071,128	0.264276	50.00
51.00	05100	RECOVERY ROOM	9,053,466	44,295,480	0.204388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,548,742	26,606,330	0.396475	52.00
53.00	05300	ANESTHESIOLOGY	945,243	27,111,090	0.034866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,427,220	100,099,732	0.194079	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,159,344	27,172,179	0.153074	55.00
57.00	05700	CT SCAN	4,314,347	92,484,065	0.046650	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,368,872	16,526,578	0.082829	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,854,939	29,753,380	0.196782	59.00
60.00	06000	LABORATORY	16,878,229	145,063,811	0.116350	60.00
64.00	06400	INTRAVENOUS THERAPY	5,904,327	19,167,105	0.308045	64.00
65.00	06500	RESPIRATORY THERAPY	4,769,604	20,487,791	0.232802	65.00
66.00	06600	PHYSICAL THERAPY	7,015,041	19,204,049	0.365290	66.00
69.00	06900	ELECTROCARDIOLOGY	6,211,595	47,322,348	0.131261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,526,885	3,205,725	0.476299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,171,984	36,509,917	0.497727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,548,842	43,625,301	0.493953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,320,698	163,042,907	0.192101	73.00
74.00	07400	RENAL DIALYSIS	1,237,951	2,853,498	0.433836	74.00
76.00	03950	WOUND CARE CENTER	1,028,908	1,554,053	0.662080	76.00
76.01	03951	DIABETIC CENTER	427,825	356,498	1.200077	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	600,993	589,191	1.020031	76.97
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	23,398,992	97,547,153	0.239874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,894,005	16,417,485	0.359008	92.00
93.00	04950	ANTICOAGULATION CLINIC	658,798	2,323,557	0.283530	93.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	227,920,454	1,080,390,351		200.00
201.00		Less Observation Beds	5,894,005	0		201.00
202.00		Total (line 200 minus line 201)	222,026,449	1,080,390,351		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 10:28 am

			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	7,893,378	0	7,893,378	48,038	164.32	30.00
31.00	INTENSIVE CARE UNIT	1,316,840		1,316,840	6,088	216.30	31.00
43.00	NURSERY	387,977		387,977	4,800	80.83	43.00
200.00	Total (lines 30 through 199)	9,598,195		9,598,195	58,926		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	16,204	2,662,641				30.00
31.00	INTENSIVE CARE UNIT	1,919	415,080				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	18,123	3,077,721				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/27/2021 10:28 am		
				Title XVIII		Hospital		PPS
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,725,765	97,071,128	0.048684	12,271,780	597,439	50.00
51.00	05100	RECOVERY ROOM	716,876	44,295,480	0.016184	3,857,002	62,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,167,286	26,606,330	0.043872	21,627	949	52.00
53.00	05300	ANESTHESIOLOGY	19,835	27,111,090	0.000732	3,212,871	2,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,511,555	100,099,732	0.035081	7,469,184	262,026	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,329,324	27,172,179	0.048922	300,632	14,708	55.00
57.00	05700	CT SCAN	896,868	92,484,065	0.009698	11,479,535	111,329	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	236,619	16,526,578	0.014317	2,162,368	30,959	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,376,052	29,753,380	0.046249	7,640,504	353,366	59.00
60.00	06000	LABORATORY	1,475,024	145,063,811	0.010168	23,192,649	235,823	60.00
64.00	06400	INTRAVENOUS THERAPY	608,458	19,167,105	0.031745	956,077	30,351	64.00
65.00	06500	RESPIRATORY THERAPY	434,630	20,487,791	0.021214	7,649,868	162,284	65.00
66.00	06600	PHYSICAL THERAPY	408,210	19,204,049	0.021256	3,994,462	84,906	66.00
69.00	06900	ELECTROCARDIOLOGY	1,135,226	47,322,348	0.023989	7,166,643	171,921	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	350,096	3,205,725	0.109210	43,594	4,761	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	459,657	36,509,917	0.012590	8,236,073	103,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	545,048	43,625,301	0.012494	11,706,992	146,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	882,668	163,042,907	0.005414	31,436,326	170,196	73.00
74.00	07400	RENAL DIALYSIS	54,869	2,853,498	0.019229	1,406,912	27,054	74.00
76.00	03950	WOUND CARE CENTER	62,245	1,554,053	0.040053	41,000	1,642	76.00
76.01	03951	DIABETIC CENTER	7,113	356,498	0.019952	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	75,399	589,191	0.127970	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,265,552	97,547,153	0.023225	9,095,044	211,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	682,072	16,417,485	0.041545	2,508,712	104,224	92.00
93.00	04950	ANTICOAGULATION CLINIC	14,078	2,323,557	0.006059	2,536	15	93.00
200.00		Total (lines 50 through 199)	23,440,525	1,080,390,351		155,852,391	2,889,918	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/27/2021 10:28 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	293,830	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	13,236	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	307,066	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	293,830	48,038	6.12	16,204	30.00	
31.00	03100	INTENSIVE CARE UNIT			13,236	6,088	2.17	1,919	31.00	
43.00	04300	NURSERY			0	4,800	0.00	0	43.00	
200.00		Total (lines 30 through 199)			307,066	58,926		18,123	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		99,168						30.00
31.00	03100	INTENSIVE CARE UNIT		4,164						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		103,332						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:28 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
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 PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	59,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	25,391	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	85,216	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:28 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	97,071,128	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	44,295,480	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,606,330	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,111,090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100,099,732	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,172,179	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	92,484,065	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,526,578	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,753,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	145,063,811	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	19,167,105	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,487,791	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,204,049	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,322,348	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,205,725	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,509,917	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,625,301	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,042,907	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,853,498	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	1,554,053	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	356,498	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	589,191	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	59,825	59,825	97,547,153	0.000613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,391	25,391	16,417,485	0.001547	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,323,557	0.000000	93.00
200.00		Total (lines 50 through 199)	0	85,216	85,216	1,080,390,351		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:28 am

				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	12,271,780	0	14,526,871	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	3,857,002	0	10,348,570	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	21,627	0	6,907	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	3,212,871	0	3,914,802	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,469,184	0	21,116,140	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	300,632	0	8,955,807	0	55.00	
57.00	05700	CT SCAN	0.000000	11,479,535	0	11,359,075	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,162,368	0	2,726,476	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,640,504	0	6,443,259	0	59.00	
60.00	06000	LABORATORY	0.000000	23,192,649	0	14,311,824	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	956,077	0	3,458,460	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	7,649,868	0	630,961	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,994,462	0	205,965	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,166,643	0	11,266,101	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	43,594	0	817,391	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,236,073	0	5,537,349	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,706,992	0	7,561,954	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	31,436,326	0	29,275,630	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	1,406,912	0	0	0	74.00	
76.00	03950	WOUND CARE CENTER	0.000000	41,000	0	792,764	0	76.00	
76.01	03951	DIABETIC CENTER	0.000000	0	0	2	0	76.01	
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	218,134	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000613	9,095,044	5,575	8,857,403	5,430	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001547	2,508,712	3,881	4,451,937	6,887	92.00	
93.00	04950	ANTICOAGULATION CLINIC	0.000000	2,536	0	1,105,731	0	93.00	
200.00	Total (lines 50 through 199)			155,852,391	9,456	167,889,513	12,317	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 10:28 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.264276	14,526,871	0	12	3,839,103	50.00
51.00	05100	RECOVERY ROOM		0.204388	10,348,570	0	0	2,115,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.396475	6,907	0	0	2,738	52.00
53.00	05300	ANESTHESIOLOGY		0.034866	3,914,802	0	0	136,493	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.194079	21,116,140	0	565	4,098,199	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.153074	8,955,807	0	16	1,370,901	55.00
57.00	05700	CT SCAN		0.046650	11,359,075	0	469	529,901	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.082829	2,726,476	0	290	225,831	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.196782	6,443,259	0	166	1,267,917	59.00
60.00	06000	LABORATORY		0.116350	14,311,824	1,113	0	1,665,181	60.00
64.00	06400	INTRAVENOUS THERAPY		0.308045	3,458,460	0	0	1,065,361	64.00
65.00	06500	RESPIRATORY THERAPY		0.232802	630,961	0	0	146,889	65.00
66.00	06600	PHYSICAL THERAPY		0.365290	205,965	0	0	75,237	66.00
69.00	06900	ELECTROCARDIOLOGY		0.131261	11,266,101	0	57	1,478,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.476299	817,391	0	0	389,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.497727	5,537,349	0	0	2,756,088	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.493953	7,561,954	0	0	3,735,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.192101	29,275,630	0	18,402	5,623,878	73.00
74.00	07400	RENAL DIALYSIS		0.433836	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER		0.662080	792,764	0	3	524,873	76.00
76.01	03951	DIABETIC CENTER		1.200077	2	0	0	2	76.01
76.02	03952	CLINICAL NUTRITION		0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		1.020031	218,134	0	0	222,503	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.239874	8,857,403	7	21	2,124,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.359008	4,451,937	0	0	1,598,281	92.00
93.00	04950	ANTICOAGULATION CLINIC		0.283530	1,105,731	0	0	313,508	93.00
200.00		Subtotal (see instructions)			167,889,513	1,120	20,001	35,306,042	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			167,889,513	1,120	20,001	35,306,042	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 10:28 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	3					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2					55.00
57.00	05700	CT SCAN	0	22					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33					59.00
60.00	06000	LABORATORY	129	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
69.00	06900	ELECTROCARDIOLOGY	0	7					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,535					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03950	WOUND CARE CENTER	0	2					76.00
76.01	03951	DIABETIC CENTER	0	0					76.01
76.02	03952	CLINICAL NUTRITION	0	0					76.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	2	5					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0					93.00
200.00		Subtotal (see instructions)	131	3,743					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	131	3,743					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		7,893,378	0	7,893,378	48,038	164.32	30.00
31.00	INTENSIVE CARE UNIT		1,316,840		1,316,840	6,088	216.30	31.00
43.00	NURSERY		387,977		387,977	4,800	80.83	43.00
200.00	Total (lines 30 through 199)		9,598,195		9,598,195	58,926		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		1,031	169,414				
31.00	INTENSIVE CARE UNIT		322	69,649				
43.00	NURSERY		2,270	183,484				
200.00	Total (lines 30 through 199)		3,623	422,547				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/27/2021 10:28 am		
				Title XIX		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	4,725,765	97,071,128	0.048684	497,576	24,224	50.00
51.00	05100	RECOVERY ROOM	716,876	44,295,480	0.016184	172,525	2,792	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,167,286	26,606,330	0.043872	718,117	31,505	52.00
53.00	05300	ANESTHESIOLOGY	19,835	27,111,090	0.000732	194,570	142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,511,555	100,099,732	0.035081	627,763	22,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,329,324	27,172,179	0.048922	0	0	55.00
57.00	05700	CT SCAN	896,868	92,484,065	0.009698	731,568	7,095	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	236,619	16,526,578	0.014317	127,271	1,822	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,376,052	29,753,380	0.046249	151,989	7,029	59.00
60.00	06000	LABORATORY	1,475,024	145,063,811	0.010168	2,103,984	21,393	60.00
64.00	06400	INTRAVENOUS THERAPY	608,458	19,167,105	0.031745	21,396	679	64.00
65.00	06500	RESPIRATORY THERAPY	434,630	20,487,791	0.021214	907,050	19,242	65.00
66.00	06600	PHYSICAL THERAPY	408,210	19,204,049	0.021256	166,635	3,542	66.00
69.00	06900	ELECTROCARDIOLOGY	1,135,226	47,322,348	0.023989	223,511	5,362	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	350,096	3,205,725	0.109210	4,783	522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	459,657	36,509,917	0.012590	380,757	4,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	545,048	43,625,301	0.012494	89,929	1,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	882,668	163,042,907	0.005414	3,172,580	17,176	73.00
74.00	07400	RENAL DIALYSIS	54,869	2,853,498	0.019229	145,810	2,804	74.00
76.00	03950	WOUND CARE CENTER	62,245	1,554,053	0.040053	260	10	76.00
76.01	03951	DIABETIC CENTER	7,113	356,498	0.019952	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	75,399	589,191	0.127970	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,265,552	97,547,153	0.023225	538,706	12,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	682,072	16,417,485	0.041545	119,052	4,946	92.00
93.00	04950	ANTICOAGULATION CLINIC	14,078	2,323,557	0.006059	0	0	93.00
200.00		Total (lines 50 through 199)	23,440,525	1,080,390,351		11,095,832	190,737	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/27/2021 10:28 am	
					Title XIX		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	293,830	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	13,236	0	31.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	307,066	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	293,830	48,038	6.12	1,031	30.00		
31.00	03100	INTENSIVE CARE UNIT		13,236	6,088	2.17	322	31.00		
43.00	04300	NURSERY		0	4,800	0.00	2,270	43.00		
200.00		Total (lines 30 through 199)		307,066	58,926		3,623	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	6,310						30.00	
31.00	03100	INTENSIVE CARE UNIT	699						31.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	7,009						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:28 am

			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
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 PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	59,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	25,391	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	85,216	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:28 am

			Title XIX		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	97,071,128	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	44,295,480	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,606,330	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,111,090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100,099,732	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,172,179	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	92,484,065	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,526,578	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	29,753,380	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	145,063,811	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	19,167,105	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,487,791	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,204,049	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,322,348	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,205,725	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,509,917	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,625,301	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,042,907	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,853,498	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	1,554,053	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	356,498	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	589,191	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	59,825	59,825	97,547,153	0.000613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,391	25,391	16,417,485	0.001547	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,323,557	0.000000	93.00
200.00		Total (lines 50 through 199)	0	85,216	85,216	1,080,390,351		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	497,576	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	172,525	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	718,117	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	194,570	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	627,763	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	731,568	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	127,271	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	151,989	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	2,103,984	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	21,396	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	907,050	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	166,635	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	223,511	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,783	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	380,757	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	89,929	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,172,580	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	145,810	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0.000000	260	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0.000000	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000613	538,706	330	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001547	119,052	184	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		11,095,832	514	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:28 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			48,038	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			48,038	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)			43,887	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)			16,204	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)			68,209,207	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)			68,209,207	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)			68,209,207	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)			1,419.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			23,008,060	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)			23,008,060	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 10:28 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,432,785	6,088	2,534.95	1,919	4,864,569
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 10:28 am

		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	7,893,378	68,209,207	0.115723	5,894,005	682,072	90.00
91.00 Nursing School cost	0	68,209,207	0.000000	5,894,005	0	91.00
92.00 Allied health cost	293,830	68,209,207	0.004308	5,894,005	25,391	92.00
93.00 All other Medical Education	0	68,209,207	0.000000	5,894,005	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:28 am
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,038	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,038	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)		43,887	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,031	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)		4,800	15.00
16.00	Nursery days (title V or XIX only)		2,270	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)		68,209,207	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)		68,209,207	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)		68,209,207	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)		1,419.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,463,917	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,463,917	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0030		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:28 am	
			Title XIX		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00			
42.00	NURSERY (title V & XIX only)	3,718,211	4,800	774.63	2,270	1,758,410	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,432,785	6,088	2,534.95	322	816,254	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,288,495	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,327,076	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)					429,556	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					191,251	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					620,807	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,706,269	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)					4,151	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,419.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,894,005	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,893,378	68,209,207	0.115723	5,894,005	682,072
91.00	Nursing School cost	0	68,209,207	0.000000	5,894,005	0
92.00	Allied health cost	293,830	68,209,207	0.004308	5,894,005	25,391
93.00	All other Medical Education	0	68,209,207	0.000000	5,894,005	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:28 am	
			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		54,532,271		30.00
31.00	03100	INTENSIVE CARE UNIT		16,558,239		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.264276	12,271,780	3,243,137	50.00
51.00	05100	RECOVERY ROOM	0.204388	3,857,002	788,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396475	21,627	8,575	52.00
53.00	05300	ANESTHESIOLOGY	0.034866	3,212,871	112,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194079	7,469,184	1,449,612	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153074	300,632	46,019	55.00
57.00	05700	CT SCAN	0.046650	11,479,535	535,520	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082829	2,162,368	179,107	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196782	7,640,504	1,503,514	59.00
60.00	06000	LABORATORY	0.116350	23,192,649	2,698,465	60.00
64.00	06400	INTRAVENOUS THERAPY	0.308045	956,077	294,515	64.00
65.00	06500	RESPIRATORY THERAPY	0.232802	7,649,868	1,780,905	65.00
66.00	06600	PHYSICAL THERAPY	0.365290	3,994,462	1,459,137	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131261	7,166,643	940,701	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.476299	43,594	20,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.497727	8,236,073	4,099,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.493953	11,706,992	5,782,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192101	31,436,326	6,038,950	73.00
74.00	07400	RENAL DIALYSIS	0.433836	1,406,912	610,369	74.00
76.00	03950	WOUND CARE CENTER	0.662080	41,000	27,145	76.00
76.01	03951	DIABETIC CENTER	1.200077	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1.020031	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.239874	9,095,044	2,181,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359008	2,508,712	900,648	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.283530	2,536	719	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		155,852,391	34,701,832	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		155,852,391		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:28 am	
			Title XIX	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		4,323,500		30.00
31.00	03100	INTENSIVE CARE UNIT		2,752,446		31.00
43.00	04300	NURSERY		1,271,053		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.264276	497,576	131,497	50.00
51.00	05100	RECOVERY ROOM	0.204388	172,525	35,262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.396475	718,117	284,715	52.00
53.00	05300	ANESTHESIOLOGY	0.034866	194,570	6,784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194079	627,763	121,836	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.153074	0	0	55.00
57.00	05700	CT SCAN	0.046650	731,568	34,128	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082829	127,271	10,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.196782	151,989	29,909	59.00
60.00	06000	LABORATORY	0.116350	2,103,984	244,799	60.00
64.00	06400	INTRAVENOUS THERAPY	0.308045	21,396	6,591	64.00
65.00	06500	RESPIRATORY THERAPY	0.232802	907,050	211,163	65.00
66.00	06600	PHYSICAL THERAPY	0.365290	166,635	60,870	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131261	223,511	29,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.476299	4,783	2,278	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.497727	380,757	189,513	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.493953	89,929	44,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192101	3,172,580	609,456	73.00
74.00	07400	RENAL DIALYSIS	0.433836	145,810	63,258	74.00
76.00	03950	WOUND CARE CENTER	0.662080	260	172	76.00
76.01	03951	DIABETIC CENTER	1.200077	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1.020031	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.239874	538,706	129,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359008	119,052	42,741	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.283530	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,095,832	2,288,495	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		11,095,832		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/27/2021 10:28 am

		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)			31,154,036	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,451,920	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)			725,662	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			262,361	2.04
3.00	Managed Care Simulated Payments			15,403,599	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			243.66	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.53	31.00
32.00	Sum of lines 30 and 31			19.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.69	33.00
34.00	Disproportionate share adjustment (see instructions)			620,295	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 10:28 am
		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)		0.000314651	0.000332477
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,627,523	2,756,239
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,967,053	694,724
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,661,777	
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)		47,876,051	
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)		47,876,051	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,712,901	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		111,057	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).		103,332	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		9,456	58.00
59.00	Total (sum of amounts on lines 49 through 58)		51,812,798	59.00
60.00	Primary payer payments		26,010	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		51,786,788	61.00
62.00	Deductibles billed to program beneficiaries		3,788,752	62.00
63.00	Coinurance billed to program beneficiaries		104,544	63.00
64.00	Allowable bad debts (see instructions)		199,245	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		129,509	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,245	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		48,023,001	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)		201,688	70.93
70.94	HRR adjustment amount (see instructions)		-184,160	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 10:28 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			48,040,529	71.00
71.01	Sequestration adjustment (see instructions)			317,067	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			47,326,397	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)			397,065	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			961,832	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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0049023890	1.0038973050	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9960	0.9965	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	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: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 10:28 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,293,725	2.00
3.00	OPPS payments		29,712,522	3.00
4.00	Outlier payment (see instructions)		84,343	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		12,317	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,874	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,121	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)		21,121	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,121	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,247	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)		3,874	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)		29,809,182	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)		5,191,178	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)		24,621,878	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		24,621,878	30.00
31.00	Primary payer payments		2,426	31.00
32.00	Subtotal (line 30 minus line 31)		24,619,452	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)		200,226	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		130,147	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		200,226	36.00
37.00	Subtotal (see instructions)		24,749,599	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MSP RECONCILIATION		122	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,749,721	40.00
40.01	Sequestration adjustment (see instructions)		163,348	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		24,768,589	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-182,216	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/27/2021 10:28 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		47,348,762		24,858,177	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	12/09/2020	22,365	12/09/2020	89,588	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)		-22,365		-89,588	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)		47,326,397		24,768,589	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		397,065		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		182,216	6.02
7.00	Total Medicare program liability (see instructions)		47,723,462		24,586,373	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: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/27/2021 10:28 am

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

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

Provider CCN: 14-0030

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

Worksheet G

Date/Time Prepared:
7/27/2021 10:28 am

	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	959,878,000	0	0	0	1.00
2.00 Temporary investments	125,053,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,587,671,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	706,475,000	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)	3,379,077,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	461,831,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	8,014,348,000	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	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	2,520,502,000	0	0	0	23.00
24.00 Accumulated depreciation	-5,144,704,000	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	5,851,977,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	11,107,210,000	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	1,111,379,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	12,218,589,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	21,449,643,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,341,619,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	1,207,672,000	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	79,934,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	690,637,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	3,319,862,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	3,310,401,000	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,419,336,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,729,737,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	9,049,599,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	12,400,044,000	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)	12,400,044,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	21,449,643,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0030

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

Worksheet G-1

Date/Time Prepared:
7/27/2021 10:28 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		11,698,664,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,436,086				2.00
3.00	Total (sum of line 1 and line 2)		11,702,100,086		0		3.00
4.00	Additions ADJ TO FUND BALANCE OTHER	697,943,914		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)		697,943,914		0		10.00
11.00	Subtotal (line 3 plus line 10)		12,400,044,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,400,044,000		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 ADJ TO FUND BALANCE OTHER		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2021 10:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	166,044,376		166,044,376	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	166,044,376		166,044,376	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	47,454,699		47,454,699	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)	47,454,699		47,454,699	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	213,499,075		213,499,075	17.00
18.00	Ancillary services	412,247,677	529,762,952	942,010,629	18.00
19.00	Outpatient services	0	132,489,041	132,489,041	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	625,746,752	662,251,993	1,287,998,745	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		332,207,958		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)		332,207,958		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0030

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

Worksheet G-3

Date/Time Prepared:
7/27/2021 10:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,287,998,745	1.00
2.00	Less contractual allowances and discounts on patients' accounts	984,489,547	2.00
3.00	Net patient revenues (line 1 minus line 2)	303,509,198	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	332,207,958	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-28,698,760	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	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	426,446	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	7,226	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	130,576	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER CAPITATION	29,333,081	24.00
24.50	COVID-19 PHE Funding	2,237,517	24.50
25.00	Total other income (sum of lines 6-24)	32,134,846	25.00
26.00	Total (line 5 plus line 25)	3,436,086	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,436,086	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0030	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/27/2021 10:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,397,730	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		175,524	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)		137.45	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.53	8.00
9.00	Sum of lines 7 and 8		19.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.11	10.00
11.00	Disproportionate share adjustment (see instructions)		139,647	11.00
12.00	Total prospective capital payments (see instructions)		3,712,901	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