

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: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/23/2021 9:33 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 4/23/2021	Time: 9:33 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 PASSAVANT AREA HOSPITAL (14-0058) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ 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) PAUL EDDINGTON

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-350,335	-5,764	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
7.00	SKILLED NURSING FACILITY	0	0	199		0	7.00
200.00	Total	0	-350,335	-5,565	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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/23/2021 9:33 am

1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1600 WEST WALNUT			PO Box:						1.00	
2.00	City: JACKSONVILLE			State: IL		Zip Code: 62650-1185		County: MORGAN		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
							V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PASSAVANT AREA HOSPITAL	140058	99914	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		PASSAVANT AREA HOSPITAL	145951	99914		10/31/1997	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2019		09/30/2020		20.00	
21.00	Type of Control (see instructions)					2				21.00	
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N				23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		217	113	0	4	1,461	24		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/23/2021 9:33 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.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					10/01/2019	09/30/2020	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/23/2021 9:33 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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/23/2021 9:33 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/23/2021 9:33 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.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	539,215	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H058	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0058		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/23/2021 9:33 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: MEMORIAL HEALTH SYSTEMS		Contractor's Name: MEMORIAL HEALTH SYSTEMS		Contractor's Number: 00131		141.00						
142.00	Street: 701 NORTH FIRST STREET		PO Box:				142.00						
143.00	City: SPRINGFIELD		State: IL		Zip Code: 62781		143.00						
								1.00					
144.00 Are provider based physicians' costs included in Worksheet A?								Y		144.00			
								1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00					
								1.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N		147.00			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC			N		N		N		N	161.00		
								1.00					
Multicampus													
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N		165.00			
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
								1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y		167.00			
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)										168.00			
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)										168.01			
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00		169.00			
								Beginning		Ending			
								1.00		2.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)										170.00			
								1.00		2.00			
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N		0	171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/23/2021 9:33 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	12/17/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	03/01/2021	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/23/2021 9:33 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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		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.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446	KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/23/2021 9:33 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.	DIRECTOR	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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/23/2021 9:33 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	79	28,914	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)		79	28,914	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,294	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)		88	32,208	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	15	5,490		0	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)		103			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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/23/2021 9:33 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)	2,899	118	6,081			1.00
2.00	HMO and other (see instructions)	493	1,578				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)	2,899	118	6,081			7.00
8.00	INTENSIVE CARE UNIT	540	16	1,090			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		83	792			13.00
14.00	Total (see instructions)	3,439	217	7,963	0.00	583.90	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	2,551	0	3,890	0.00	20.87	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	604.77	27.00
28.00	Observation Bed Days		287	1,365			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			119			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	24	157			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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/23/2021 9:33 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	1,002	474	2,397	1.00
2.00 HMO and other (see instructions)			140	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,002	474	2,397	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/23/2021 9:33 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	39,883,877	0	39,883,877	1,238,071.91	32.21
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		425,673	-56,649	369,024	2,085.20	176.97
4.00	Physician-Part A - Administrative		3,932	0	3,932	19.66	200.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		660,064	0	660,064	4,623.97	142.75
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	1,146,856	0	1,146,856	43,402.24	26.42
10.00	Excluded area salaries (see instructions)		362,523	0	362,523	12,966.43	27.96
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		355,637	0	355,637	4,688.80	75.85
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		199,020	0	199,020	1,348.00	147.64
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		1,626,056	0	1,626,056	27,687.98	58.73
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,661,853	0	11,661,853		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		510,577	0	510,577		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		55,697	0	55,697		
22.00	Physician Part A - Administrative		549	0	549		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		100,782	0	100,782		
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)		570,929	0	570,929		
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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/23/2021 9:33 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	573,381	0	573,381	12,957.08	44.25	26.00
27.00	Administrative & General	5.00	6,452,840	0	6,452,840	156,418.44	41.25	27.00
28.00	Administrative & General under contract (see inst.)		23,968	0	23,968	100.75	237.90	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,622,153	0	1,622,153	66,854.66	24.26	30.00
31.00	Laundry & Linen Service	8.00	229,153	0	229,153	14,416.08	15.90	31.00
32.00	Housekeeping	9.00	1,019,786	0	1,019,786	70,490.01	14.47	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,073,472	-898,686	174,786	10,870.40	16.08	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	898,686	898,686	55,891.68	16.08	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	982,919	0	982,919	24,112.71	40.76	38.00
39.00	Central Services and Supply	14.00	193,709	0	193,709	11,015.01	17.59	39.00
40.00	Pharmacy	15.00	1,068,706	-1,068,706	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	773,420	0	773,420	32,425.88	23.85	41.00
42.00	Social Service	17.00	364,392	0	364,392	11,330.59	32.16	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/23/2021 9:33 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)	38,822,108	56,649	38,878,757	1,231,463.49	31.57	1.00
2.00	Excluded area salaries (see instructions)	1,509,379	0	1,509,379	56,368.67	26.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,312,729	56,649	37,369,378	1,175,094.82	31.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,180,713	0	2,180,713	33,724.78	64.66	4.00
5.00	Subtotal wage-related costs (see inst.)	12,233,331	0	12,233,331	0.00	32.74	5.00
6.00	Total (sum of lines 3 thru 5)	51,726,773	56,649	51,783,422	1,208,819.60	42.84	6.00
7.00	Total overhead cost (see instructions)	14,377,899	-1,068,706	13,309,193	466,883.29	28.51	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
4/23/2021 9:33 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,310,464	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	40,057	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,525,769	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	58,500	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)	70,813	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	493,907	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	2,972,423	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	763,127	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	94,400	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,329,460	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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
4/23/2021 9:33 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	355,637	12,329,460	1.00
2.00	Hospital	355,637	11,943,646	2.00
3.00	Subprovider - IPF	0	0	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	0	385,814	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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/23/2021 9:33 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)			0.228282 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	7,275,499		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	1,087,096		5.00
6.00	Medicaid charges	87,537,980		6.00
7.00	Medicaid cost (line 1 times line 6)	19,983,345		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)	11,620,750		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	106,362		9.00
10.00	Stand-alone CHIP charges	479,965		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	109,567		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	3,205		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	11,623,955		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,348,274	159,314	6,507,588 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,449,197	159,314	1,608,511 21.00
22.00	Payments received from patients for amounts previously written off as charity care	199,471	4,055	203,526 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,249,726	155,259	1,404,985 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)	5,996,257		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	603,817		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	928,949		27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,067,308		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,481,907		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,886,892		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,510,847		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0058

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

Worksheet A

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,853,583	1,853,583	381,923	2,235,506	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,683,519	2,683,519	24,353	2,707,872	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	573,381	12,177,632	12,751,013	0	12,751,013	4.00
5.01	00540	NONPATIENT TELEPHONES	0	122,127	122,127	0	122,127	5.01
5.02	00550	DATA PROCESSING	882,752	1,630,038	2,512,790	0	2,512,790	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	178,434	85,054	263,488	0	263,488	5.03
5.04	00570	ADMITTING	636,964	30,218	667,182	0	667,182	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	625,424	921,377	1,546,801	0	1,546,801	5.05
5.06	00590	OTHER ADMIN & GENERAL	4,129,266	12,818,932	16,948,198	-154,374	16,793,824	5.06
7.00	00700	OPERATION OF PLANT	1,622,153	2,901,139	4,523,292	0	4,523,292	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	229,153	83,990	313,143	0	313,143	8.00
9.00	00900	HOUSEKEEPING	1,019,786	201,467	1,221,253	0	1,221,253	9.00
10.00	01000	DIETARY	1,073,472	1,157,980	2,231,452	-1,868,120	363,332	10.00
11.00	01100	CAFETERIA	0	0	0	1,868,120	1,868,120	11.00
13.00	01300	NURSING ADMINISTRATION	982,919	39,523	1,022,442	0	1,022,442	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	193,709	-20,162	173,547	-36,934	136,613	14.00
15.00	01500	PHARMACY	1,068,706	3,853,056	4,921,762	-4,616,093	305,669	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	773,420	61,328	834,748	0	834,748	16.00
17.00	01700	SOCIAL SERVICE	364,392	14,424	378,816	0	378,816	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	425,673	0	425,673	-56,649	369,024	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,271,593	634,224	4,905,817	-845,292	4,060,525	30.00
31.00	03100	INTENSIVE CARE UNIT	1,003,009	200,458	1,203,467	-6,563	1,196,904	31.00
40.00	04000	SUBPROVIDER - IPF	0	5,137	5,137	-5,137	0	40.00
43.00	04300	NURSERY	0	0	0	430,879	430,879	43.00
44.00	04400	SKILLED NURSING FACILITY	1,146,856	95,849	1,242,705	-339	1,242,366	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,957,831	3,466,550	6,424,381	-2,757,411	3,666,970	50.00
51.00	05100	RECOVERY ROOM	304,521	19,073	323,594	-293	323,301	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	397,435	397,435	52.00
53.00	05300	ANESTHESIOLOGY	0	206,933	206,933	-98,645	108,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,546,504	601,201	2,147,705	-16,052	2,131,653	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	411,869	90,416	502,285	-33	502,252	55.00
56.00	05600	RADIOISOTOPE	176,784	219,147	395,931	-225	395,706	56.00
57.00	05700	CT SCAN	488,133	230,573	718,706	-38,180	680,526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	306,577	118,889	425,466	-5,413	420,053	58.00
60.00	06000	LABORATORY	1,782,530	2,485,565	4,268,095	-170	4,267,925	60.00
65.00	06500	RESPIRATORY THERAPY	1,065,930	192,791	1,258,721	-408,117	850,604	65.00
66.00	06600	PHYSICAL THERAPY	3,194,048	280,507	3,474,555	-3,477	3,471,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	945,936	-4,552	941,384	-1,999	939,385	67.00
68.00	06800	SPEECH PATHOLOGY	277,112	2,728	279,840	0	279,840	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,229	1,255	6,484	0	6,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,328,014	2,328,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,271,436	1,271,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,902,321	4,902,321	73.00
74.00	07400	RENAL DIALYSIS	108,168	17,626	125,794	-27,418	98,376	74.00
76.00	03950	DIABETIC EDUCATION	259,766	6,883	266,649	0	266,649	76.00
76.97	07697	CARDIAC REHABILITATION	101,492	13,251	114,743	0	114,743	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	79,377	55,515	134,892	-2	134,890	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,519,040	1,098,754	2,617,794	-124,044	2,493,750	90.00
91.00	09100	EMERGENCY	2,789,445	2,662,092	5,451,537	-188,242	5,263,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		345,259	345,259	-345,259	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,521,354	53,661,349	93,182,703	0	93,182,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	239,530	19,848	259,378	0	259,378	192.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	76,184	104,538	180,722	0	180,722	194.02
194.03	07953	HEALTHY JACKSONVILLE	46,809	12,226	59,035	0	59,035	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	39,883,877	53,797,961	93,681,838	0	93,681,838	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0058

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

Worksheet A

Date/Time Prepared:
4/23/2021 9:33 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	629,311	2,864,817	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,084,293	3,792,165	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	69,770	12,820,783	4.00
5.01	00540	NONPATIENT TELEPHONES	-6,603	115,524	5.01
5.02	00550	DATA PROCESSING	0	2,512,790	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	263,488	5.03
5.04	00570	ADMITTING	0	667,182	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-57,333	1,489,468	5.05
5.06	00590	OTHER ADMIN & GENERAL	-7,272,836	9,520,988	5.06
7.00	00700	OPERATION OF PLANT	-28,516	4,494,776	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	313,143	8.00
9.00	00900	HOUSEKEEPING	0	1,221,253	9.00
10.00	01000	DIETARY	-100,740	262,592	10.00
11.00	01100	CAFETERIA	-419,849	1,448,271	11.00
13.00	01300	NURSING ADMINISTRATION	-8,651	1,013,791	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	136,613	14.00
15.00	01500	PHARMACY	0	305,669	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,845	812,903	16.00
17.00	01700	SOCIAL SERVICE	0	378,816	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-369,024	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-91,969	3,968,556	30.00
31.00	03100	INTENSIVE CARE UNIT	-33,332	1,163,572	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	430,879	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,242,366	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,200	3,665,770	50.00
51.00	05100	RECOVERY ROOM	0	323,301	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	397,435	52.00
53.00	05300	ANESTHESIOLOGY	0	108,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,256	2,129,397	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	502,252	55.00
56.00	05600	RADIOISOTOPE	0	395,706	56.00
57.00	05700	CT SCAN	0	680,526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	420,053	58.00
60.00	06000	LABORATORY	-54,756	4,213,169	60.00
65.00	06500	RESPIRATORY THERAPY	-1,590	849,014	65.00
66.00	06600	PHYSICAL THERAPY	-48,383	3,422,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	939,385	67.00
68.00	06800	SPEECH PATHOLOGY	0	279,840	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,328,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,271,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,821	4,894,500	73.00
74.00	07400	RENAL DIALYSIS	0	98,376	74.00
76.00	03950	DIABETIC EDUCATION	0	266,649	76.00
76.97	07697	CARDIAC REHABILITATION	0	114,743	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	134,890	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,355,165	1,138,585	90.00
91.00	09100	EMERGENCY	-1,647,972	3,615,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,746,467	83,436,236	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	259,378	192.00
194.00	07950	RENTED SPACE	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	0	180,722	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	59,035	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,746,467	83,935,371	200.00

RECLASSIFICATIONS

Provider CCN: 14-0058

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

Worksheet A-6

Date/Time Prepared:
4/23/2021 9:33 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	345,259	1.00	
2.00		0.00	0	0	2.00	
	0		0	345,259		
	B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	61,017	1.00	
	TOTALS		0	61,017		
	C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,834,967	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
	0		0	3,834,967		
	D - MEDICAL SUPPLIES & IMPLANTS SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	2,328,014	1.00	
2.00	PATIENT					
2.00	IMPL. DEV. CHARGED TO	72.00	0	1,271,436	2.00	
	PATIENTS					
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	
	TOTALS		0	3,599,450		
	E - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	898,686	969,434	1.00	
	0		898,686	969,434		
	F - PHARMACY SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	1,068,706	0	1.00	
	TOTALS		1,068,706	0		
	G - RN AND AIDE WAGES					
1.00	ANESTHESIOLOGY	53.00	56,649	0	1.00	
	TOTALS		56,649	0		
	H - NURSERY & L&D					
1.00	NURSERY	43.00	390,635	40,244	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	360,315	37,120	2.00	
	TOTALS		750,950	77,364		
	I - CLOSED DEPARTMENTS					
1.00	OTHER ADMIN & GENERAL	5.06	0	5,136	1.00	
	TOTALS		0	5,136		
500.00	Grand Total: Increases		2,774,991	8,892,627	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0058

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

Worksheet A-6

Date/Time Prepared:
4/23/2021 9:33 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	338,759	11		1.00
2.00	INTEREST EXPENSE	113.00	0	6,500	14		2.00
	0		0	345,259			
	B - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.06	0	61,017	12		1.00
	TOTALS		0	61,017			
	C - DRUGS SOLD TO PATIENTS						
1.00	OTHER ADMIN & GENERAL	5.06	0	98,493	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	13,892	0		2.00
3.00	PHARMACY	15.00	0	3,547,387	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,401	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,882	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	1	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	339	0		7.00
8.00	OPERATING ROOM	50.00	0	8,812	0		8.00
9.00	RECOVERY ROOM	51.00	0	293	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	76,247	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,334	0		11.00
12.00	RADIOLOGY - THERAPEUTIC	55.00	0	33	0		12.00
13.00	RADIOISOTOPE	56.00	0	225	0		13.00
14.00	CT SCAN	57.00	0	38,180	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,413	0		15.00
16.00	LABORATORY	60.00	0	170	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	15,713	0		17.00
18.00	RENAL DIALYSIS	74.00	0	329	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2	0		19.00
20.00	CLINIC	90.00	0	2,546	0		20.00
21.00	EMERGENCY	91.00	0	13,275	0		21.00
	0		0	3,834,967			
	D - MEDICAL SUPPLIES & IMPLANTS SOLD						
1.00	ADULTS & PEDIATRICS	30.00	0	9,577	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,681	0		2.00
3.00	OPERATING ROOM	50.00	0	1,510,079	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	79,047	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,844	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	392,404	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	3,477	0		7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	1,999	0		8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,352	0		9.00
10.00	RENAL DIALYSIS	74.00	0	27,089	0		10.00
11.00	EMERGENCY	91.00	0	174,967	0		11.00
12.00	CLINIC	90.00	0	121,498	0		12.00
13.00	OPERATING ROOM	50.00	0	1,238,520	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,874	0		14.00
15.00	CENTRAL SERVICE & SUPPLY	14.00	0	23,042	0		15.00
	TOTALS		0	3,599,450			
	E - CAFETERIA COSTS						
1.00	DIETARY	10.00	898,686	969,434	0		1.00
	0		898,686	969,434			
	F - PHARMACY SALARIES						
1.00	PHARMACY	15.00	1,068,706	0	0		1.00
	TOTALS		1,068,706	0			
	G - RN AND AIDE WAGES						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	56,649	0	0		1.00
	TOTALS		56,649	0			
	H - NURSERY & L&D						
1.00	ADULTS & PEDIATRICS	30.00	750,950	77,364	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		750,950	77,364			
	I - CLOSED DEPARTMENTS						
1.00	SUBPROVIDER - IPF	40.00	0	5,136	0		1.00
	TOTALS		0	5,136			
500.00	Grand Total: Decreases		2,774,991	8,892,627			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/23/2021 9:33 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	735,200	0	0	0	0	1.00
2.00	Land Improvements	1,281,184	0	0	0	0	2.00
3.00	Buildings and Fixtures	11,135,433	985,657	0	985,657	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	20,966,119	394,930	0	394,930	0	5.00
6.00	Movable Equipment	20,628,576	4,768,688	0	4,768,688	1,516,074	6.00
7.00	HIT designated Assets	702,567	50,924	0	50,924	0	7.00
8.00	Subtotal (sum of lines 1-7)	55,449,079	6,200,199	0	6,200,199	1,516,074	8.00
9.00	Reconciling Items	-3,076,060	-13,675,904	0	-13,675,904	0	9.00
10.00	Total (line 8 minus line 9)	58,525,139	19,876,103	0	19,876,103	1,516,074	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	735,200	0				1.00
2.00	Land Improvements	1,281,184	0				2.00
3.00	Buildings and Fixtures	12,121,090	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	21,361,049	0				5.00
6.00	Movable Equipment	23,881,190	0				6.00
7.00	HIT designated Assets	753,491	0				7.00
8.00	Subtotal (sum of lines 1-7)	60,133,204	0				8.00
9.00	Reconciling Items	-16,751,964	0				9.00
10.00	Total (line 8 minus line 9)	76,885,168	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
4/23/2021 9:33 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	1,853,583	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,683,519	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,537,102	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,853,583				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,683,519				2.00
3.00	Total (sum of lines 1-2)	0	4,537,102				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
4/23/2021 9:33 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	35,498,523	0	35,498,523	0.600879	36,664	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,634,681	1,055,527	23,579,154	0.399121	24,353	2.00
3.00	Total (sum of lines 1-2)	60,133,204	1,055,527	59,077,677	1.000000	61,017	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	36,664	2,529,316	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	24,353	3,767,812	0	2.00
3.00	Total (sum of lines 1-2)	0	0	61,017	6,297,128	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	298,837	36,664	0	0	2,864,817	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	24,353	0	0	3,792,165	2.00
3.00	Total (sum of lines 1-2)	298,837	61,017	0	0	6,656,982	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0058

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

Worksheet A-8

Date/Time Prepared:
4/23/2021 9:33 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-46,422	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	-6,603	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-28,516	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	-7,470,333			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	1,105,472			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-409,848	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-21,845	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-10,001	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-57,333	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-369,024	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TRUST ACCOUNT FEES	A	203,685	OTHER ADMIN & GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0058

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

Worksheet A-8

Date/Time Prepared:
4/23/2021 9:33 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 DOORBELL DINNERS	B	-100,740	DIETARY	10.00	0	33.01
33.02 MISC INCOME - A&G	B	-55,065	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03 MISC INCOME - NURSING ADMIN	B	-8,651	NURSING ADMINISTRATION	13.00	0	33.03
33.04 MISC INCOME - OR	B	-1,200	OPERATING ROOM	50.00	0	33.04
33.05 MISC INCOME - PT	B	-48,383	PHYSICAL THERAPY	66.00	0	33.05
33.06 MISC INCOME - CLINIC	B	-26,084	CLINIC	90.00	0	33.06
34.00 ADVERTISING/MARKETING COSTS	A	-81,430	OTHER ADMIN & GENERAL	5.06	0	34.00
35.00 RETIREE HEALTH INSURANCE PLAN	A	253,596	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 LOBBYING EXPENSE	A	-24,832	OTHER ADMIN & GENERAL	5.06	0	36.00
37.00 PROVIDER TAX	A	-3,538,725	OTHER ADMIN & GENERAL	5.06	0	37.00
38.00 PHYSICIAN RECRUITMENT	A	-101,547	OTHER ADMIN & GENERAL	5.06	0	38.00
39.00 INTERMEDIARY DEPRECIATION ADJUSTMENT	A	30,552	CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
39.01 REVALUED ASSETS DEPRECIATION ADJUSTM	A	564,634	CAP REL COSTS-BLDG & FIXT	1.00	9	39.01
39.02 REVALUED ASSETS DEPRECIATION ADJUSTM	A	537,883	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.02
40.00 EMPLOYED PHYSICIAN BENEFITS	A	-27,886	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00 340B DRUGS & EXPENSES	A	-7,821	DRUGS CHARGED TO PATIENTS	73.00	0	41.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,746,467				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: 14-0058

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

Worksheet A-8-1

Date/Time Prepared:
4/23/2021 9:33 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	HO NEW CAPITAL - BLDG	79,782	0
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HO NEW CAPITAL - MME	5,359	0
3.00		1.00	CAP REL COSTS-BLDG & FIXT	HO OTHER CAPITAL - BLDG	765	0
4.00		2.00	CAP REL COSTS-MVBLE EQUIP	HO OTHER CAPITAL - MME	541,051	0
4.01		5.06	OTHER ADMIN & GENERAL	HO INTEREST OPERATING	17,234	0
4.02		5.06	OTHER ADMIN & GENERAL	HO MANAGEMENT OPERATING	3,233,353	2,616,132
4.03		4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	6,319,208	6,475,148
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				10,196,752	9,091,280

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B		0.00	MEMORIAL HL SYS	100.00	6.00
7.00	C		0.00	PPA	100.00	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:					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: 14-0058

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

Worksheet A-8-1

Date/Time Prepared:
4/23/2021 9:33 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	79,782	9		1.00
2.00	5,359	9		2.00
3.00	765	9		3.00
4.00	541,051	9		4.00
4.01	17,234	0		4.01
4.02	617,221	0		4.02
4.03	-155,940	0		4.03
5.00	1,105,472			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	PHYSICIAN ORG		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: 14-0058

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

Worksheet A-8-2

Date/Time Prepared:
4/23/2021 9:33 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	OTHER ADMIN & GENERAL	4,376,996	4,262,828	114,168	211,500	665	1.00
2.00	30.00	ADULTS & PEDIATRICS	91,969	91,969	0	211,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	49,296	8,606	40,690	211,500	157	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	4,870	920	3,950	271,900	20	4.00
5.00	60.00	LABORATORY	54,756	54,756	0	260,300	0	5.00
6.00	65.00	RESPIRATORY THERAPY	2,098	848	1,250	211,500	5	6.00
7.00	90.00	CLINIC	1,331,115	1,327,183	3,932	211,500	20	7.00
8.00	91.00	EMERGENCY	1,686,934	1,647,972	38,962	211,500	502	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,598,034	7,395,082	202,952		1,369	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	OTHER ADMIN & GENERAL	67,619	3,381	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	15,964	798	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,614	131	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	508	25	0	0	0	6.00
7.00	90.00	CLINIC	2,034	102	0	0	0	7.00
8.00	91.00	EMERGENCY	51,045	2,552	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			139,784	6,989	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	OTHER ADMIN & GENERAL	0	67,619	46,549	4,309,377		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	91,969		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	15,964	24,726	33,332		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	2,614	1,336	2,256		4.00
5.00	60.00	LABORATORY	0	0	0	54,756		5.00
6.00	65.00	RESPIRATORY THERAPY	0	508	742	1,590		6.00
7.00	90.00	CLINIC	0	2,034	1,898	1,329,081		7.00
8.00	91.00	EMERGENCY	0	51,045	0	1,647,972		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	139,784	75,251	7,470,333		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,864,817	2,864,817			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,792,165	3,792,165			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,820,783	69,854	3,001	12,893,638	4.00
5.01	00540	NONPATIENT TELEPHONES	115,524	8,805	0	124,329	5.01
5.02	00550	DATA PROCESSING	2,512,790	31,525	262,609	297,321	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	263,488	81,491	0	60,099	5.03
5.04	00570	ADMITTING	667,182	10,359	1,506	214,537	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,489,468	21,166	0	210,650	5.05
5.06	00590	OTHER ADMIN & GENERAL	9,520,988	225,149	703,537	1,390,786	5.06
7.00	00700	OPERATION OF PLANT	4,494,776	412,808	70,125	546,361	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	313,143	58,664	8,249	77,181	8.00
9.00	00900	HOUSEKEEPING	1,221,253	113,208	39,199	343,476	9.00
10.00	01000	DIETARY	262,592	64,605	41,030	58,870	10.00
11.00	01100	CAFETERIA	1,448,271	50,594	0	302,688	11.00
13.00	01300	NURSING ADMINISTRATION	1,013,791	14,533	23,163	331,059	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	136,613	58,025	109,280	65,244	14.00
15.00	01500	PHARMACY	305,669	55,385	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	812,903	31,568	13,340	260,497	16.00
17.00	01700	SOCIAL SERVICE	378,816	6,069	0	122,732	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,968,556	262,636	190,370	1,154,819	30.00
31.00	03100	INTENSIVE CARE UNIT	1,163,572	50,391	59,336	337,825	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	430,879	8,273	12,769	131,571	43.00
44.00	04400	SKILLED NURSING FACILITY	1,242,366	71,919	16,547	386,275	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,665,770	174,140	493,691	996,233	50.00
51.00	05100	RECOVERY ROOM	323,301	12,553	28,169	102,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397,435	16,982	11,778	121,358	52.00
53.00	05300	ANESTHESIOLOGY	108,288	11,062	127,830	19,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,129,397	32,760	464,568	520,881	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	502,252	11,882	548,896	138,722	55.00
56.00	05600	RADIOISOTOPE	395,706	3,194	0	59,543	56.00
57.00	05700	CT SCAN	680,526	72,771	24,675	164,409	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	420,053	16,513	46,962	103,259	58.00
60.00	06000	LABORATORY	4,213,169	84,089	120,979	600,377	60.00
65.00	06500	RESPIRATORY THERAPY	849,014	40,288	136,053	359,018	65.00
66.00	06600	PHYSICAL THERAPY	3,422,695	156,413	21,952	1,075,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	939,385	48,315	1,723	318,603	67.00
68.00	06800	SPEECH PATHOLOGY	279,840	3,332	2,141	93,335	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,484	2,438	0	1,761	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,328,014	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,271,436	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,894,500	0	0	359,953	73.00
74.00	07400	RENAL DIALYSIS	98,376	7,123	11,308	36,432	74.00
76.00	03950	DIABETIC EDUCATION	266,649	0	0	87,492	76.00
76.97	07697	CARDIAC REHABILITATION	114,743	31,600	8,962	34,184	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	134,890	9,305	396	26,735	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,138,585	62,720	45,675	320,290	90.00
91.00	09100	EMERGENCY	3,615,323	191,590	138,667	939,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,436,236	2,696,097	3,788,486	12,771,535	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	13,713	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	259,378	0	3,679	80,677	192.00
194.00	07950	RENTED SPACE	0	146,117	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	180,722	8,890	0	25,660	194.02
194.03	07953	HEALTHY JACKSONVILLE	59,035	0	0	15,766	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	83,935,371	2,864,817	3,792,165	12,893,638	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	3,111,075					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	34,904	441,500				5.03
5.04	00570	ADMITTING	209,696	9,409	1,116,989			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	209,696	2,712		1,936,348		5.05
5.06	00590	OTHER ADMIN & GENERAL	244,736	54,645			12,149,706	5.06
7.00	00700	OPERATION OF PLANT		14,889			5,545,409	7.00
8.00	00800	LAUNDRY & LINEN SERVICE		9,247			466,990	8.00
9.00	00900	HOUSEKEEPING		45,962			1,764,110	9.00
10.00	01000	DIETARY	104,848	8,085			542,686	10.00
11.00	01100	CAFETERIA		56,563			1,858,116	11.00
13.00	01300	NURSING ADMINISTRATION	349,579	6,606			1,745,561	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		3,536			373,204	14.00
15.00	01500	PHARMACY	69,944	6,959			439,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	139,888	3,318			1,263,917	16.00
17.00	01700	SOCIAL SERVICE	34,904	4,638			548,677	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,944	23,340	50,534	87,584	5,817,142	30.00
31.00	03100	INTENSIVE CARE UNIT	209,696	3,496	19,429	33,674	1,879,696	31.00
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY		2,085	5,174	8,967	600,603	43.00
44.00	04400	SKILLED NURSING FACILITY	69,944	5,833	17,599	30,501	1,842,881	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,904	28,715	117,744	204,069	5,729,304	50.00
51.00	05100	RECOVERY ROOM		1,399	10,312	17,872	496,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,922	5,345	9,264	564,843	52.00
53.00	05300	ANESTHESIOLOGY		7,929	14,868	25,769	318,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,584	6,632	81,156	140,656	3,731,958	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		400	32,424	56,197	1,292,544	55.00
56.00	05600	RADIOISOTOPE		12	13,279	23,014	494,748	56.00
57.00	05700	CT SCAN		525	195,190	338,723	1,476,819	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		300	43,412	75,241	705,740	58.00
60.00	06000	LABORATORY	174,792	22,443	131,238	227,457	5,580,615	60.00
65.00	06500	RESPIRATORY THERAPY	104,848	11,911	59,818	103,674	1,666,901	65.00
66.00	06600	PHYSICAL THERAPY	279,640	4,621	67,077	116,255	5,152,795	66.00
67.00	06700	OCCUPATIONAL THERAPY		588	22,362	38,757	1,370,998	67.00
68.00	06800	SPEECH PATHOLOGY		18	4,704	8,152	391,522	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY			163	282	11,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			18,605	32,245	2,378,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			11,812	20,472	1,303,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			85,645	148,436	5,488,534	73.00
74.00	07400	RENAL DIALYSIS		3,206	2,589	4,488	163,522	74.00
76.00	03950	DIABETIC EDUCATION		546	87	150	354,924	76.00
76.97	07697	CARDIAC REHABILITATION		1,114	2,047	3,548	196,704	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		142	4,140	7,175	182,783	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		10,218	26,973	46,749	1,655,763	90.00
91.00	09100	EMERGENCY	279,640	37,982	73,263	126,977	5,411,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,971,187	401,946	1,116,989	1,936,348	82,959,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN					13,713	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	139,888	1,457			487,862	192.00
194.00	07950	RENTED SPACE					146,117	194.00
194.01	07951	PASSAVANT FOUNDATION						194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS		35,814			251,592	194.02
194.03	07953	HEALTHY JACKSONVILLE		2,283			77,084	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	3,111,075	441,500	1,116,989	1,936,348	83,935,371	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	12,149,706					5.06
7.00	00700	OPERATION OF PLANT	938,560	6,483,969				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	79,038	189,841	735,869			8.00
9.00	00900	HOUSEKEEPING	298,576	366,348	4,154	2,433,188		9.00
10.00	01000	DIETARY	91,850	209,066	3,096	69,834	916,532	10.00
11.00	01100	CAFETERIA	314,486	163,725	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	295,436	47,029	0	69,834	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	63,165	187,773	0	5,056	0	14.00
15.00	01500	PHARMACY	74,467	179,229	0	52,376	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	213,918	102,156	0	22,467	0	16.00
17.00	01700	SOCIAL SERVICE	92,864	19,639	0	4,866	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	984,532	849,905	154,633	593,881	552,467	30.00
31.00	03100	INTENSIVE CARE UNIT	318,139	163,070	16,210	69,834	43,353	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	101,652	26,771	4,151	20,845	0	43.00
44.00	04400	SKILLED NURSING FACILITY	311,908	232,736	93,812	122,210	270,699	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	969,685	563,527	116,795	243,133	50,013	50.00
51.00	05100	RECOVERY ROOM	83,977	40,621	6,700	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	95,600	54,954	3,830	19,224	0	52.00
53.00	05300	ANESTHESIOLOGY	53,862	35,798	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	631,634	106,014	86,290	103,225	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	218,763	38,450	4,858	47,701	0	55.00
56.00	05600	RADIOISOTOPE	83,736	10,336	0	0	0	56.00
57.00	05700	CT SCAN	249,952	235,492	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,446	53,438	0	0	0	58.00
60.00	06000	LABORATORY	944,519	272,116	532	75,368	0	60.00
65.00	06500	RESPIRATORY THERAPY	282,123	130,373	3,144	49,800	0	65.00
66.00	06600	PHYSICAL THERAPY	872,111	506,161	69,214	207,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	232,041	156,351	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	66,265	10,784	0	37,350	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,883	7,890	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	402,623	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	220,655	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	928,934	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	27,676	23,050	0	0	0	74.00
76.00	03950	DIABETIC EDUCATION	60,071	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	33,292	102,259	252	22,038	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,936	30,113	1,174	18,842	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	280,238	202,967	116	126,217	0	90.00
91.00	09100	EMERGENCY	915,843	619,997	161,212	435,273	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,984,456	5,937,979	730,173	2,416,445	916,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,321	44,377	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	82,571	0	5,696	16,743	0	192.00
194.00	07950	RENTED SPACE	24,730	472,844	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	42,582	28,769	0	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	13,046	0	0	0	0	194.03
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)	12,149,706	6,483,969	735,869	2,433,188	916,532	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	2,336,327					11.00
13.00	01300	NURSING ADMINISTRATION	65,699	2,223,559				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	28,963	0	658,161			14.00
15.00	01500	PHARMACY	0	0	0	746,053		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,743	0	0	0	1,690,201	16.00
17.00	01700	SOCIAL SERVICE	30,199	55,962	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	308,098	570,878	0	0	76,461	30.00
31.00	03100	INTENSIVE CARE UNIT	76,116	141,033	0	0	29,397	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	28,988	53,716	0	0	7,828	43.00
44.00	04400	SKILLED NURSING FACILITY	118,412	219,404	0	0	26,628	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	244,719	453,459	0	0	178,153	50.00
51.00	05100	RECOVERY ROOM	20,413	37,821	0	0	15,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,739	49,545	0	0	8,088	52.00
53.00	05300	ANESTHESIOLOGY	9,094	0	0	0	22,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,601	0	0	0	122,793	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	28,432	0	0	0	49,060	55.00
56.00	05600	RADIOISOTOPE	10,157	0	0	0	20,091	56.00
57.00	05700	CT SCAN	37,638	0	0	0	295,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,663	0	0	0	65,685	58.00
60.00	06000	LABORATORY	177,376	0	0	0	198,570	60.00
65.00	06500	RESPIRATORY THERAPY	97,653	177,816	0	0	90,507	65.00
66.00	06600	PHYSICAL THERAPY	230,200	0	0	0	101,491	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,111	0	0	0	33,835	67.00
68.00	06800	SPEECH PATHOLOGY	14,877	0	0	0	7,117	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	482	0	0	0	246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	425,679	0	28,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	232,482	0	17,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,450	0	0	746,043	129,585	73.00
74.00	07400	RENAL DIALYSIS	6,079	0	0	0	3,918	74.00
76.00	03950	DIABETIC EDUCATION	34,610	0	0	0	131	76.00
76.97	07697	CARDIAC REHABILITATION	7,636	0	0	0	3,097	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,512	0	0	0	6,264	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	77,005	0	0	0	40,812	90.00
91.00	09100	EMERGENCY	254,777	463,925	0	0	110,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,297,442	2,223,559	658,161	746,043	1,690,201	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	19,894	0	0	0	10	192.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	5,832	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	5,523	0	0	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	7,636	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,336,327	2,223,559	658,161	746,053	1,690,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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 SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	752,207					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	385,908	0	10,293,905	0	10,293,905	30.00
31.00	03100	INTENSIVE CARE UNIT	69,173	0	2,806,021	0	2,806,021	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	50,261	0	894,815	0	894,815	43.00
44.00	04400	SKILLED NURSING FACILITY	246,865	0	3,485,555	0	3,485,555	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,548,788	0	8,548,788	50.00
51.00	05100	RECOVERY ROOM	0	0	701,306	0	701,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	822,823	0	822,823	52.00
53.00	05300	ANESTHESIOLOGY	0	0	439,491	0	439,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,905,515	0	4,905,515	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	1,679,808	0	1,679,808	55.00
56.00	05600	RADIOISOTOPE	0	0	619,068	0	619,068	56.00
57.00	05700	CT SCAN	0	0	2,295,374	0	2,295,374	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	968,972	0	968,972	58.00
60.00	06000	LABORATORY	0	0	7,249,096	0	7,249,096	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,498,317	0	2,498,317	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,139,043	0	7,139,043	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,850,336	0	1,850,336	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	527,915	0	527,915	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	21,629	0	21,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,235,316	0	3,235,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,774,729	0	1,774,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,356,546	0	7,356,546	73.00
74.00	07400	RENAL DIALYSIS	0	0	224,245	0	224,245	74.00
76.00	03950	DIABETIC EDUCATION	0	0	449,736	0	449,736	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	365,278	0	365,278	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	276,624	0	276,624	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,383,118	0	2,383,118	90.00
91.00	09100	EMERGENCY	0	0	8,373,060	0	8,373,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	752,207	0	82,186,429	0	82,186,429	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	60,411	0	60,411	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	612,776	0	612,776	192.00
194.00	07950	RENTED SPACE	0	0	643,691	0	643,691	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	5,832	0	5,832	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	0	0	328,466	0	328,466	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	0	97,766	0	97,766	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	752,207	0	83,935,371	0	83,935,371	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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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	69,854	3,001	72,855	4.00
5.01	00540	NONPATIENT TELEPHONES	0	8,805	0	8,805	5.01
5.02	00550	DATA PROCESSING	304	31,525	262,609	294,438	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	81,491	0	81,491	5.03
5.04	00570	ADMITTING	0	10,359	1,506	11,865	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,440	21,166	0	22,606	5.05
5.06	00590	OTHER ADMIN & GENERAL	5,296	225,149	703,537	933,982	5.06
7.00	00700	OPERATION OF PLANT	161,121	412,808	70,125	644,054	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,664	8,249	66,913	8.00
9.00	00900	HOUSEKEEPING	0	113,208	39,199	152,407	9.00
10.00	01000	DIETARY	0	64,605	41,030	105,635	10.00
11.00	01100	CAFETERIA	0	50,594	0	50,594	11.00
13.00	01300	NURSING ADMINISTRATION	0	14,533	23,163	37,696	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	58,025	109,280	167,305	14.00
15.00	01500	PHARMACY	117,253	55,385	0	172,638	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,568	13,340	44,908	16.00
17.00	01700	SOCIAL SERVICE	0	6,069	0	6,069	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,710	262,636	190,370	486,716	30.00
31.00	03100	INTENSIVE CARE UNIT	11,104	50,391	59,336	120,831	31.00
40.00	04000	SUBPROVIDER - IPF	3,912	0	0	3,912	40.00
43.00	04300	NURSERY	0	8,273	12,769	21,042	43.00
44.00	04400	SKILLED NURSING FACILITY	14,573	71,919	16,547	103,039	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,682	174,140	493,691	692,513	50.00
51.00	05100	RECOVERY ROOM	3,964	12,553	28,169	44,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,982	11,778	28,760	52.00
53.00	05300	ANESTHESIOLOGY	9,384	11,062	127,830	148,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,760	464,568	497,328	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	11,882	548,896	560,778	55.00
56.00	05600	RADIOISOTOPE	0	3,194	0	3,194	56.00
57.00	05700	CT SCAN	0	72,771	24,675	97,446	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,513	46,962	63,475	58.00
60.00	06000	LABORATORY	274	84,089	120,979	205,342	60.00
65.00	06500	RESPIRATORY THERAPY	4,294	40,288	136,053	180,635	65.00
66.00	06600	PHYSICAL THERAPY	146,887	156,413	21,952	325,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	48,315	1,723	50,038	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,332	2,141	5,473	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,438	0	2,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	7,123	11,308	18,431	74.00
76.00	03950	DIABETIC EDUCATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	321	31,600	8,962	40,883	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	9,305	396	9,701	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,247	62,720	45,675	110,642	90.00
91.00	09100	EMERGENCY	23,243	191,590	138,667	353,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	564,009	2,696,097	3,788,486	7,048,592	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	13,713	0	13,713	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,037	0	3,679	8,716	192.00
194.00	07950	RENTED SPACE	0	146,117	0	146,117	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	0	8,890	0	8,890	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	569,046	2,864,817	3,792,165	7,226,028	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	8,805					5.01
5.02	00550	DATA PROCESSING	484	296,602				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	107	3,328	85,266			5.03
5.04	00570	ADMITTING	305	19,992	1,817	35,191		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	188	19,992	524	0	44,500	5.05
5.06	00590	OTHER ADMIN & GENERAL	699	23,332	10,554	0	0	5.06
7.00	00700	OPERATION OF PLANT	457	0	2,875	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36	0	1,786	0	0	8.00
9.00	00900	HOUSEKEEPING	72	0	8,877	0	0	9.00
10.00	01000	DIETARY	188	9,996	1,561	0	0	10.00
11.00	01100	CAFETERIA	0	0	10,925	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	484	33,328	1,276	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	36	0	683	0	0	14.00
15.00	01500	PHARMACY	143	6,668	1,344	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	170	13,337	641	0	0	16.00
17.00	01700	SOCIAL SERVICE	107	3,328	896	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	663	6,668	4,508	1,596	2,019	30.00
31.00	03100	INTENSIVE CARE UNIT	161	19,992	675	614	776	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	63	0	403	163	207	43.00
44.00	04400	SKILLED NURSING FACILITY	134	6,668	1,127	556	703	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	994	3,328	5,546	3,719	4,705	50.00
51.00	05100	RECOVERY ROOM	0	0	270	326	412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54	0	371	169	214	52.00
53.00	05300	ANESTHESIOLOGY	242	0	1,531	470	594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	448	33,328	1,281	2,563	3,243	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	125	0	77	1,024	1,296	55.00
56.00	05600	RADIOISOTOPE	0	0	2	419	531	56.00
57.00	05700	CT SCAN	0	0	101	6,076	7,667	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58	1,371	1,735	58.00
60.00	06000	LABORATORY	430	16,664	4,334	4,145	5,244	60.00
65.00	06500	RESPIRATORY THERAPY	161	9,996	2,300	1,889	2,390	65.00
66.00	06600	PHYSICAL THERAPY	591	26,660	893	2,118	2,680	66.00
67.00	06700	OCCUPATIONAL THERAPY	90	0	114	706	894	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3	149	188	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	588	743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	373	472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,705	3,422	73.00
74.00	07400	RENAL DIALYSIS	0	0	619	82	103	74.00
76.00	03950	DIABETIC EDUCATION	0	0	105	3	3	76.00
76.97	07697	CARDIAC REHABILITATION	36	0	215	65	82	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	27	131	165	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	322	0	1,973	852	1,078	90.00
91.00	09100	EMERGENCY	582	26,660	7,335	2,314	2,928	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,572	283,265	77,627	35,191	44,500	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	197	13,337	281	0	0	192.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	36	0	6,917	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	0	441	0	0	194.03
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)	8,805	296,602	85,266	35,191	44,500	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	976,431					5.06
7.00	00700	OPERATION OF PLANT	75,429	725,902				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,352	21,253	96,776			8.00
9.00	00900	HOUSEKEEPING	23,995	41,014	546	228,852		9.00
10.00	01000	DIETARY	7,382	23,406	407	6,568	155,476	10.00
11.00	01100	CAFETERIA	25,274	18,330	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,743	5,265	0	6,568	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,076	21,022	0	476	0	14.00
15.00	01500	PHARMACY	5,985	20,065	0	4,926	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,192	11,437	0	2,113	0	16.00
17.00	01700	SOCIAL SERVICE	7,463	2,199	0	458	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,128	95,148	20,336	55,856	93,718	30.00
31.00	03100	INTENSIVE CARE UNIT	25,568	18,256	2,132	6,568	7,354	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	8,169	2,997	546	1,961	0	43.00
44.00	04400	SKILLED NURSING FACILITY	25,067	26,056	12,337	11,494	45,920	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,930	63,089	15,360	22,868	8,484	50.00
51.00	05100	RECOVERY ROOM	6,749	4,548	881	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,683	6,152	504	1,808	0	52.00
53.00	05300	ANESTHESIOLOGY	4,329	4,008	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,762	11,869	11,348	9,709	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	17,581	4,305	639	4,487	0	55.00
56.00	05600	RADIOISOTOPE	6,730	1,157	0	0	0	56.00
57.00	05700	CT SCAN	20,088	26,364	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,599	5,983	0	0	0	58.00
60.00	06000	LABORATORY	75,908	30,464	70	7,089	0	60.00
65.00	06500	RESPIRATORY THERAPY	22,673	14,596	413	4,684	0	65.00
66.00	06600	PHYSICAL THERAPY	70,088	56,666	9,102	19,476	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,648	17,504	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,325	1,207	0	3,513	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151	883	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,357	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,733	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,655	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,224	2,580	0	0	0	74.00
76.00	03950	DIABETIC EDUCATION	4,828	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,676	11,448	33	2,073	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,486	3,371	154	1,772	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,522	22,723	15	11,871	0	90.00
91.00	09100	EMERGENCY	73,603	69,411	21,204	40,939	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	963,151	664,776	96,027	227,277	155,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	187	4,968	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	6,636	0	749	1,575	0	192.00
194.00	07950	RENTED SPACE	1,987	52,937	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	3,422	3,221	0	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	1,048	0	0	0	0	194.03
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)	976,431	725,902	96,776	228,852	155,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	106,833					11.00
13.00	01300	NURSING ADMINISTRATION	3,004	113,234				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,324	0	196,291			14.00
15.00	01500	PHARMACY	0	0	0	211,769		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,012	0	0	0	95,282	16.00
17.00	01700	SOCIAL SERVICE	1,381	2,850	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,088	29,073	0	0	4,316	30.00
31.00	03100	INTENSIVE CARE UNIT	3,481	7,182	0	0	1,659	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,326	2,735	0	0	442	43.00
44.00	04400	SKILLED NURSING FACILITY	5,415	11,173	0	0	1,503	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,190	23,092	0	0	10,055	50.00
51.00	05100	RECOVERY ROOM	933	1,926	0	0	881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	2,523	0	0	456	52.00
53.00	05300	ANESTHESIOLOGY	416	0	0	0	1,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,652	0	0	0	6,931	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,300	0	0	0	2,769	55.00
56.00	05600	RADIOISOTOPE	464	0	0	0	1,134	56.00
57.00	05700	CT SCAN	1,721	0	0	0	16,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,128	0	0	0	3,707	58.00
60.00	06000	LABORATORY	8,111	0	0	0	11,208	60.00
65.00	06500	RESPIRATORY THERAPY	4,465	9,055	0	0	5,109	65.00
66.00	06600	PHYSICAL THERAPY	10,526	0	0	0	5,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,612	0	0	0	1,910	67.00
68.00	06800	SPEECH PATHOLOGY	680	0	0	0	402	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22	0	0	0	14	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	126,955	0	1,589	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	69,336	0	1,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,901	0	0	211,766	7,314	73.00
74.00	07400	RENAL DIALYSIS	278	0	0	0	221	74.00
76.00	03950	DIABETIC EDUCATION	1,583	0	0	0	7	76.00
76.97	07697	CARDIAC REHABILITATION	349	0	0	0	175	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	298	0	0	0	354	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,521	0	0	0	2,304	90.00
91.00	09100	EMERGENCY	11,650	23,625	0	0	6,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,054	113,234	196,291	211,766	95,282	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	910	0	0	3	0	192.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	267	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	253	0	0	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	349	0	0	0	0	194.03
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)	106,833	113,234	196,291	211,769	95,282	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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 SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	25,444					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,054		913,412	0	913,412	30.00
31.00	03100	INTENSIVE CARE UNIT	2,340		219,498	0	219,498	31.00
40.00	04000	SUBPROVIDER - IPF	0		3,912	0	3,912	40.00
43.00	04300	NURSERY	1,700		42,497	0	42,497	43.00
44.00	04400	SKILLED NURSING FACILITY	8,350		261,724	0	261,724	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		948,502	0	948,502	50.00
51.00	05100	RECOVERY ROOM	0		62,192	0	62,192	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		50,603	0	50,603	52.00
53.00	05300	ANESTHESIOLOGY	0		161,244	0	161,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		637,405	0	637,405	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0		595,165	0	595,165	55.00
56.00	05600	RADIOISOTOPE	0		13,967	0	13,967	56.00
57.00	05700	CT SCAN	0		176,950	0	176,950	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		87,639	0	87,639	58.00
60.00	06000	LABORATORY	0		372,401	0	372,401	60.00
65.00	06500	RESPIRATORY THERAPY	0		260,394	0	260,394	65.00
66.00	06600	PHYSICAL THERAPY	0		535,858	0	535,858	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		94,316	0	94,316	67.00
68.00	06800	SPEECH PATHOLOGY	0		17,467	0	17,467	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		3,529	0	3,529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		162,232	0	162,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		88,923	0	88,923	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		304,797	0	304,797	73.00
74.00	07400	RENAL DIALYSIS	0		24,744	0	24,744	74.00
76.00	03950	DIABETIC EDUCATION	0		7,023	0	7,023	76.00
76.97	07697	CARDIAC REHABILITATION	0		58,228	0	58,228	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		18,610	0	18,610	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		179,633	0	179,633	90.00
91.00	09100	EMERGENCY	0		645,316	0	645,316	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,444	0	6,948,181	0	6,948,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		18,868	0	18,868	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		32,860	0	32,860	192.00
194.00	07950	RENTED SPACE	0		201,041	0	201,041	194.00
194.01	07951	PASSAVANT FOUNDATION	0		267	0	267	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	0		22,884	0	22,884	194.02
194.03	07953	HEALTHY JACKSONVILLE	0		1,927	0	1,927	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,444	0	7,226,028	0	7,226,028	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (DEPT TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	269,077				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,486,854			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,561	2,759	38,281,408		4.00
5.01	00540	NONPATIENT TELEPHONES	827	0		983	5.01
5.02	00550	DATA PROCESSING	2,961	241,466	882,752	54	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,654	0	178,434	12	5.03
5.04	00570	ADMITTING	973	1,385	636,964	34	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,988	0	625,424	21	5.05
5.06	00590	OTHER ADMIN & GENERAL	21,147	646,894	4,129,266	78	5.06
7.00	00700	OPERATION OF PLANT	38,773	64,479	1,622,153	51	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,510	7,585	229,153	4	8.00
9.00	00900	HOUSEKEEPING	10,633	36,043	1,019,786	8	9.00
10.00	01000	DIETARY	6,068	37,727	174,786	21	10.00
11.00	01100	CAFETERIA	4,752	0	898,686	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,365	21,298	982,919	54	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,450	100,482	193,709	4	14.00
15.00	01500	PHARMACY	5,202	0	0	16	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,965	12,266	773,420	19	16.00
17.00	01700	SOCIAL SERVICE	570	0	364,392	12	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,668	175,043	3,428,674	74	30.00
31.00	03100	INTENSIVE CARE UNIT	4,733	54,559	1,003,009	18	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	777	11,741	390,635	7	43.00
44.00	04400	SKILLED NURSING FACILITY	6,755	15,215	1,146,856	15	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,356	453,943	2,957,831	111	50.00
51.00	05100	RECOVERY ROOM	1,179	25,901	304,521	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,595	10,830	360,315	6	52.00
53.00	05300	ANESTHESIOLOGY	1,039	117,538	56,649	27	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,077	427,165	1,546,504	50	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,116	504,704	411,869	14	55.00
56.00	05600	RADIOISOTOPE	300	0	176,784	0	56.00
57.00	05700	CT SCAN	6,835	22,688	488,133	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,551	43,181	306,577	0	58.00
60.00	06000	LABORATORY	7,898	111,239	1,782,530	48	60.00
65.00	06500	RESPIRATORY THERAPY	3,784	125,099	1,065,930	18	65.00
66.00	06600	PHYSICAL THERAPY	14,691	20,185	3,194,048	66	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,538	1,584	945,936	10	67.00
68.00	06800	SPEECH PATHOLOGY	313	1,969	277,112	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229	0	5,229	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	1,068,706	0	73.00
74.00	07400	RENAL DIALYSIS	669	10,398	108,168	0	74.00
76.00	03950	DIABETIC EDUCATION	0	0	259,766	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,968	8,240	101,492	4	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	874	364	79,377	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,891	41,998	950,945	36	90.00
91.00	09100	EMERGENCY	17,995	127,503	2,789,445	65	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,230	3,483,471	37,918,885	957	21,792
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,288	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,383	239,530	22	1,026
194.00	07950	RENTED SPACE	13,724	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	835	0	76,184	4	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	0	46,809	0	194.03
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)	2,864,817	3,792,165	12,893,638	124,329	3,111,075
203.00		Unit cost multiplier (Wkst. B, Part I)	10.646830	1.087561	0.336812	126.479145	136.343019

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (DEPT TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
204.00		Cost to be allocated (per Wkst. B, Part II)			72,855	8,805	296,602	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001903	8.957274	12.998598	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,081,453					5.03
5.04	00570	ADMITTING	23,047	360,021,584				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,642	0	360,021,584			5.05
5.06	00590	OTHER ADMIN & GENERAL	133,853	0	0	-12,149,706	71,785,665	5.06
7.00	00700	OPERATION OF PLANT	36,470	0	0	0	5,545,409	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,651	0	0	0	466,990	8.00
9.00	00900	HOUSEKEEPING	112,585	0	0	0	1,764,110	9.00
10.00	01000	DIETARY	19,804	0	0	0	542,686	10.00
11.00	01100	CAFETERIA	138,544	0	0	0	1,858,116	11.00
13.00	01300	NURSING ADMINISTRATION	16,182	0	0	0	1,745,561	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	8,661	0	0	0	373,204	14.00
15.00	01500	PHARMACY	17,046	0	0	0	439,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,127	0	0	0	1,263,917	16.00
17.00	01700	SOCIAL SERVICE	11,360	0	0	0	548,677	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,172	16,285,659	16,285,659	0	5,817,142	30.00
31.00	03100	INTENSIVE CARE UNIT	8,564	6,261,445	6,261,445	0	1,879,696	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	5,106	1,667,372	1,667,372	0	600,603	43.00
44.00	04400	SKILLED NURSING FACILITY	14,289	5,671,470	5,671,470	0	1,842,881	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,338	37,945,232	37,945,232	0	5,729,304	50.00
51.00	05100	RECOVERY ROOM	3,427	3,323,195	3,323,195	0	496,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,709	1,722,586	1,722,586	0	564,843	52.00
53.00	05300	ANESTHESIOLOGY	19,423	4,791,567	4,791,567	0	318,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,244	26,154,000	26,154,000	0	3,731,958	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	981	10,449,342	10,449,342	0	1,292,544	55.00
56.00	05600	RADIOISOTOPE	30	4,279,258	4,279,258	0	494,748	56.00
57.00	05700	CT SCAN	1,286	62,954,701	62,954,701	0	1,476,819	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	734	13,990,493	13,990,493	0	705,740	58.00
60.00	06000	LABORATORY	54,975	42,293,963	42,293,963	0	5,580,615	60.00
65.00	06500	RESPIRATORY THERAPY	29,177	19,277,397	19,277,397	0	1,666,901	65.00
66.00	06600	PHYSICAL THERAPY	11,320	21,616,765	21,616,765	0	5,152,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,441	7,206,507	7,206,507	0	1,370,998	67.00
68.00	06800	SPEECH PATHOLOGY	43	1,515,891	1,515,891	0	391,522	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,402	52,402	0	11,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,995,703	5,995,703	0	2,378,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,806,614	3,806,614	0	1,303,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,600,608	27,600,608	0	5,488,534	73.00
74.00	07400	RENAL DIALYSIS	7,854	834,484	834,484	0	163,522	74.00
76.00	03950	DIABETIC EDUCATION	1,337	27,947	27,947	0	354,924	76.00
76.97	07697	CARDIAC REHABILITATION	2,728	659,722	659,722	0	196,704	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	348	1,334,173	1,334,173	0	182,783	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,030	8,692,607	8,692,607	0	1,655,763	90.00
91.00	09100	EMERGENCY	93,038	23,610,481	23,610,481	0	5,411,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	984,566	360,021,584	360,021,584	-12,149,706	70,809,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	13,713	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,569	0	0	0	487,862	192.00
194.00	07950	RENTED SPACE	0	0	0	0	146,117	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	87,727	0	0	0	251,592	194.02
194.03	07953	HEALTHY JACKSONVILLE	5,591	0	0	0	77,084	194.03
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)	441,500	1,116,989	1,936,348		12,149,706	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.408247	0.003103	0.005378		0.169250	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	85,266	35,191	44,500		976,431	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.078844	0.000098	0.000124		0.013602	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	188,193				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,510	569,705			8.00
9.00	00900	HOUSEKEEPING	10,633	3,216	51,009		9.00
10.00	01000	DIETARY	6,068	2,397	1,464	39,492	10.00
11.00	01100	CAFETERIA	4,752	0	0	189,078	11.00
13.00	01300	NURSING ADMINISTRATION	1,365	0	1,464	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,450	0	106	0	14.00
15.00	01500	PHARMACY	5,202	0	1,098	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,965	0	471	0	16.00
17.00	01700	SOCIAL SERVICE	570	0	102	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,668	119,716	12,450	23,805	30.00
31.00	03100	INTENSIVE CARE UNIT	4,733	12,550	1,464	1,868	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	777	3,214	437	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,755	72,629	2,562	11,664	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,356	90,422	5,097	2,155	50.00
51.00	05100	RECOVERY ROOM	1,179	5,187	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,595	2,965	403	0	52.00
53.00	05300	ANESTHESIOLOGY	1,039	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,077	66,805	2,164	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,116	3,761	1,000	0	55.00
56.00	05600	RADIOISOTOPE	300	0	0	0	56.00
57.00	05700	CT SCAN	6,835	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,551	0	0	0	58.00
60.00	06000	LABORATORY	7,898	412	1,580	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,784	2,434	1,044	0	65.00
66.00	06600	PHYSICAL THERAPY	14,691	53,585	4,341	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,538	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	313	0	783	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	669	0	0	0	74.00
76.00	03950	DIABETIC EDUCATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,968	195	462	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	874	909	395	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,891	90	2,646	0	90.00
91.00	09100	EMERGENCY	17,995	124,808	9,125	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	172,346	565,295	50,658	39,492	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,288	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4,410	351	0	192.00
194.00	07950	RENTED SPACE	13,724	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	835	0	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	0	0	0	194.03
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)	6,483,969	735,869	2,433,188	916,532	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.453827	1.291667	47.701151	23.208042	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	725,902	96,776	228,852	155,476	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	3.857221	0.169870	4.486502	3.936899	0.565021	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	456,339					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	3,599,449				14.00
15.00	01500	PHARMACY	0	0	3,835,019			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	360,021,584		16.00
17.00	01700	SOCIAL SERVICE	11,485	0	0	0	11,853	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	117,161	0	0	16,285,659	6,081	30.00
31.00	03100	INTENSIVE CARE UNIT	28,944	0	0	6,261,445	1,090	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	11,024	0	0	1,667,372	792	43.00
44.00	04400	SKILLED NURSING FACILITY	45,028	0	0	5,671,470	3,890	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,063	0	0	37,945,232	0	50.00
51.00	05100	RECOVERY ROOM	7,762	0	0	3,323,195	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,168	0	0	1,722,586	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,791,567	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	26,154,000	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,449,342	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,279,258	0	56.00
57.00	05700	CT SCAN	0	0	0	62,954,701	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,990,493	0	58.00
60.00	06000	LABORATORY	0	0	0	42,293,963	0	60.00
65.00	06500	RESPIRATORY THERAPY	36,493	0	0	19,277,397	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,616,765	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,206,507	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,515,891	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	52,402	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,328,014	0	5,995,703	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,271,435	0	3,806,614	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,834,966	27,600,608	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	834,484	0	74.00
76.00	03950	DIABETIC EDUCATION	0	0	0	27,947	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	659,722	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,334,173	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,692,607	0	90.00
91.00	09100	EMERGENCY	95,211	0	0	23,610,481	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	456,339	3,599,449	3,834,966	360,021,584	11,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	53	0	0	192.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
194.01	07951	PASSAVANT FOUNDATION	0	0	0	0	0	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	0	0	0	0	0	194.02
194.03	07953	HEALTHY JACKSONVILLE	0	0	0	0	0	194.03
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)	2,223,559	658,161	746,053	1,690,201	752,207	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.872603	0.182850	0.194537	0.004695	63.461318	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	113,234	196,291	211,769	95,282	25,444	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.248136	0.054534	0.055220	0.000265	2.146630	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet B-1
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
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 SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03950	DIABETIC EDUCATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	RENTED SPACE	194.00
194.01	07951	PASSAVANT FOUNDATION	194.01
194.02	07952	COMMUNITY BENEFIT & RELATIONS	194.02
194.03	07953	HEALTHY JACKSONVILLE	194.03
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0058

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

Worksheet B-1

Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

Provider CCN: 14-0058

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

Worksheet B-2

Date/Time Prepared:
4/23/2021 9:33 am

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

MCRIF32 - 16.9.172.5

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/23/2021 9:33 am

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,939,835		13,939,835			30.00	
31.00	03100	INTENSIVE CARE UNIT	6,261,445		6,261,445			31.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	1,667,372		1,667,372			43.00	
44.00	04400	SKILLED NURSING FACILITY	5,671,470		5,671,470			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,963,324	27,981,908	37,945,232	0.225293	0.000000	50.00	
51.00	05100	RECOVERY ROOM	952,108	2,371,087	3,323,195	0.211034	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,185,351	537,235	1,722,586	0.477667	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	1,396,813	3,394,754	4,791,567	0.091722	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,953,936	24,200,064	26,154,000	0.187563	0.000000	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	12,788	10,436,554	10,449,342	0.160757	0.000000	55.00	
56.00	05600	RADIOISOTOPE	113,120	4,166,138	4,279,258	0.144667	0.000000	56.00	
57.00	05700	CT SCAN	5,281,483	57,673,218	62,954,701	0.036461	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	620,110	13,370,383	13,990,493	0.069259	0.000000	58.00	
60.00	06000	LABORATORY	12,344,614	29,949,349	42,293,963	0.171398	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	7,622,693	11,654,704	19,277,397	0.129598	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,486,214	19,130,551	21,616,765	0.330255	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,960,795	5,245,712	7,206,507	0.256759	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	404,792	1,111,099	1,515,891	0.348254	0.000000	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,588	50,814	52,402	0.412751	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,571,425	3,424,278	5,995,703	0.539606	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,845,687	1,960,927	3,806,614	0.466222	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	10,071,817	17,528,791	27,600,608	0.266536	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	834,484	0	834,484	0.268723	0.000000	74.00	
76.00	03950	DIABETIC EDUCATION	0	27,947	27,947	16.092461	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	659,722	659,722	0.553685	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,334,173	1,334,173	0.207337	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,029,932	7,662,675	8,692,607	0.274155	0.000000	90.00	
91.00	09100	EMERGENCY	3,500,849	20,109,632	23,610,481	0.354633	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	333,212	2,012,612	2,345,824	0.804439	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	94,027,257	265,994,327	360,021,584			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	94,027,257	265,994,327	360,021,584			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet C Part I Date/Time Prepared: 4/23/2021 9:33 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.225293		50.00
51.00	05100	RECOVERY ROOM	0.211034		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.477667		52.00
53.00	05300	ANESTHESIOLOGY	0.091722		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187614		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.160757		55.00
56.00	05600	RADIOISOTOPE	0.144667		56.00
57.00	05700	CT SCAN	0.036461		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069259		58.00
60.00	06000	LABORATORY	0.171398		60.00
65.00	06500	RESPIRATORY THERAPY	0.129637		65.00
66.00	06600	PHYSICAL THERAPY	0.330255		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256759		67.00
68.00	06800	SPEECH PATHOLOGY	0.348254		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.412751		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539606		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466222		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266536		73.00
74.00	07400	RENAL DIALYSIS	0.268723		74.00
76.00	03950	DIABETIC EDUCATION	16.092461		76.00
76.97	07697	CARDIAC REHABILITATION	0.553685		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.207337		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.274373		90.00
91.00	09100	EMERGENCY	0.354633		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.804439		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/23/2021 9:33 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	913,412	0	913,412	7,446	122.67	30.00
31.00	INTENSIVE CARE UNIT	219,498		219,498	1,090	201.37	31.00
40.00	SUBPROVIDER - IPF	3,912	0	3,912	0	0.00	40.00
43.00	NURSERY	42,497		42,497	792	53.66	43.00
44.00	SKILLED NURSING FACILITY	261,724		261,724	3,890	67.28	44.00
200.00	Total (lines 30 through 199)	1,441,043		1,441,043	13,218		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	2,899	355,620				30.00
31.00	INTENSIVE CARE UNIT	540	108,740				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	2,551	171,631				44.00
200.00	Total (lines 30 through 199)	5,990	635,991				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/23/2021 9:33 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	948,502	37,945,232	0.024997	3,880,539	97,002	50.00
51.00	05100	RECOVERY ROOM	62,192	3,323,195	0.018715	381,336	7,137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,603	1,722,586	0.029376	4,758	140	52.00
53.00	05300	ANESTHESIOLOGY	161,244	4,791,567	0.033652	491,979	16,556	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	637,405	26,154,000	0.024371	1,401,971	34,167	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	595,165	10,449,342	0.056957	12,788	728	55.00
56.00	05600	RADIOISOTOPE	13,967	4,279,258	0.003264	74,305	243	56.00
57.00	05700	CT SCAN	176,950	62,954,701	0.002811	5,206,118	14,634	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,639	13,990,493	0.006264	342,560	2,146	58.00
60.00	06000	LABORATORY	372,401	42,293,963	0.008805	6,035,187	53,140	60.00
65.00	06500	RESPIRATORY THERAPY	260,394	19,277,397	0.013508	4,416,064	59,652	65.00
66.00	06600	PHYSICAL THERAPY	535,858	21,616,765	0.024789	562,874	13,953	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,316	7,206,507	0.013088	433,779	5,677	67.00
68.00	06800	SPEECH PATHOLOGY	17,467	1,515,891	0.011523	156,897	1,808	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,529	52,402	0.067345	1,588	107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	162,232	5,995,703	0.027058	1,148,283	31,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,923	3,806,614	0.023360	796,480	18,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	304,797	27,600,608	0.011043	4,420,110	48,811	73.00
74.00	07400	RENAL DIALYSIS	24,744	834,484	0.029652	535,930	15,891	74.00
76.00	03950	DIABETIC EDUCATION	7,023	27,947	0.251297	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	58,228	659,722	0.088261	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,610	1,334,173	0.013949	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	179,633	8,692,607	0.020665	465,252	9,614	90.00
91.00	09100	EMERGENCY	645,316	23,610,481	0.027332	1,946,432	53,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	167,446	2,345,824	0.071380	183,356	13,088	92.00
200.00		Total (lines 50 through 199)	5,674,584	332,481,462		32,898,586	497,370	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0058		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/23/2021 9:33 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	7,446	0.00	2,899		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	1,090	0.00	540		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
43.00	04300	NURSERY	0	0	792	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	3,890	0.00	2,551		44.00		
200.00		Total (lines 30 through 199)	0	0	13,218	0.00	5,990		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	0	0	0	74.00
76.00	03950	DIABETIC EDUCATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0058		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/23/2021 9:33 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	37,945,232	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,323,195	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,722,586	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,791,567	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	26,154,000	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,449,342	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,279,258	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	62,954,701	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,990,493	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	42,293,963	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,277,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,616,765	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,206,507	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,515,891	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	52,402	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,995,703	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,806,614	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,600,608	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	834,484	0.000000	74.00
76.00	03950	DIABETIC EDUCATION	0	0	0	27,947	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	659,722	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,334,173	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,692,607	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	23,610,481	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,345,824	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	332,481,462		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	3,880,539	0	8,119,646	0
51.00	05100	RECOVERY ROOM	0.000000	381,336	0	481,264	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	4,758	0	2,338	0
53.00	05300	ANESTHESIOLOGY	0.000000	491,979	0	901,038	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,401,971	0	6,318,699	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	12,788	0	5,015,329	0
56.00	05600	RADIOISOTOPE	0.000000	74,305	0	1,852,627	0
57.00	05700	CT SCAN	0.000000	5,206,118	0	18,819,216	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	342,560	0	4,326,038	0
60.00	06000	LABORATORY	0.000000	6,035,187	0	6,383,888	0
65.00	06500	RESPIRATORY THERAPY	0.000000	4,416,064	0	3,690,493	0
66.00	06600	PHYSICAL THERAPY	0.000000	562,874	0	70,270	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	433,779	0	47,242	0
68.00	06800	SPEECH PATHOLOGY	0.000000	156,897	0	9,359	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,588	0	12,704	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,148,283	0	873,685	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	796,480	0	814,739	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,420,110	0	5,790,548	0
74.00	07400	RENAL DIALYSIS	0.000000	535,930	0	0	0
76.00	03950	DIABETIC EDUCATION	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	338,150	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	300,542	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	465,252	0	2,798,103	0
91.00	09100	EMERGENCY	0.000000	1,946,432	0	5,006,119	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	183,356	0	716,112	0
200.00		Total (lines 50 through 199)		32,898,586	0	72,688,149	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/23/2021 9:33 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	0.225293	8,119,646	0	0	1,829,299	50.00
51.00	05100	RECOVERY ROOM	0.211034	481,264	0	0	101,563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.477667	2,338	0	0	1,117	52.00
53.00	05300	ANESTHESIOLOGY	0.091722	901,038	0	0	82,645	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187563	6,318,699	0	0	1,185,154	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.160757	5,015,329	0	0	806,249	55.00
56.00	05600	RADIOISOTOPE	0.144667	1,852,627	0	0	268,014	56.00
57.00	05700	CT SCAN	0.036461	18,819,216	0	0	686,167	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069259	4,326,038	0	0	299,617	58.00
60.00	06000	LABORATORY	0.171398	6,383,888	0	0	1,094,186	60.00
65.00	06500	RESPIRATORY THERAPY	0.129598	3,690,493	0	0	478,281	65.00
66.00	06600	PHYSICAL THERAPY	0.330255	70,270	0	0	23,207	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256759	47,242	0	0	12,130	67.00
68.00	06800	SPEECH PATHOLOGY	0.348254	9,359	0	0	3,259	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.412751	12,704	0	0	5,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539606	873,685	0	0	471,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466222	814,739	0	0	379,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266536	5,790,548	0	76,168	1,543,390	73.00
74.00	07400	RENAL DIALYSIS	0.268723	0	0	0	0	74.00
76.00	03950	DIABETIC EDUCATION	16.092461	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553685	338,150	0	0	187,229	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.207337	300,542	0	0	62,313	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.274155	2,798,103	0	0	767,114	90.00
91.00	09100	EMERGENCY	0.354633	5,006,119	0	79	1,775,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.804439	716,112	0	0	576,068	92.00
200.00		Subtotal (see instructions)		72,688,149	0	76,247	12,638,876	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		72,688,149	0	76,247	12,638,876	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/23/2021 9:33 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,302		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	DIABETIC EDUCATION	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	28		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	20,330		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	20,330		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0058 Component CCN: 14-5951		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/23/2021 9:33 am	
				Title XVIII		Skilled Nursing Facility		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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
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
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		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	DIABETIC EDUCATION		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0058 Component CCN: 14-5951		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/23/2021 9:33 am	
			Title XVIII		Skilled Nursing Facility		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	37,945,232	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,323,195	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,722,586	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,791,567	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	26,154,000	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	10,449,342	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,279,258	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	62,954,701	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,990,493	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	42,293,963	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,277,397	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,616,765	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,206,507	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,515,891	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	52,402	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,995,703	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,806,614	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,600,608	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	834,484	0.000000	74.00
76.00	03950	DIABETIC EDUCATION	0	0	0	27,947	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	659,722	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,334,173	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,692,607	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	23,610,481	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,345,824	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	332,481,462		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0058 Component CCN: 14-5951		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/23/2021 9:33 am	
				Title XVIII		Skilled Nursing Facility		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		3,641	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,410	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		86,242	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		16,347	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		75,365	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		27,260	0	0	0	58.00
60.00	06000	LABORATORY	0.000000		601,886	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		799,723	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,046,668	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		845,327	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		73,081	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		197,791	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		586,834	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		27	0	0	0	74.00
76.00	03950	DIABETIC EDUCATION	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		47,250	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		5	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			4,409,857	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0058

Period:

Worksheet D

Component CCN: 14-5951

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/23/2021 9:33 am

Title XVIII

Skilled Nursing
Facility

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	0.225293	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.211034	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.477667	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.091722	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.187563	0	0	0	0 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.160757	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.144667	0	0	0	0 56.00
57.00	05700 CT SCAN	0.036461	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069259	0	0	0	0 58.00
60.00	06000 LABORATORY	0.171398	0	0	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	0.129598	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.330255	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256759	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.348254	0	0	0	0 68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.412751	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.539606	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466222	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266536	0	0	5,503	0 73.00
74.00	07400 RENAL DIALYSIS	0.268723	0	0	0	0 74.00
76.00	03950 DIABETIC EDUCATION	16.092461	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.553685	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.207337	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.274155	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.354633	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.804439	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	5,503	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	5,503	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0058

Period:

Worksheet D

Component CCN: 14-5951

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/23/2021 9:33 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,467	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	DIABETIC EDUCATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	1,467	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,467	202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0058

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

Worksheet D-1

Date/Time Prepared:
4/23/2021 9:33 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)	7,446	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,446	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)	6,081	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)	2,899	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)	10,293,905	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)	10,293,905	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)	10,293,905	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)	1,382.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,007,781	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,007,781	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0058

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

Worksheet D-1

Date/Time Prepared:
4/23/2021 9:33 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	2,830,747	1,090	2,597.02	540	1,402,391
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,729,490
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,139,662
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					464,360
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					497,370
52.00	Total Program excludable cost (sum of lines 50 and 51)					961,730
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,177,932
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					1,365
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,382.47
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,887,072

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0058

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

Worksheet D-1

Date/Time Prepared:
4/23/2021 9:33 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	913,412	10,293,905	0.088733	1,887,072	167,446	90.00
91.00 Nursing School cost	0	10,293,905	0.000000	1,887,072	0	91.00
92.00 Allied health cost	0	10,293,905	0.000000	1,887,072	0	92.00
93.00 All other Medical Education	0	10,293,905	0.000000	1,887,072	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0058 Component CCN: 14-5951	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/23/2021 9:33 am
		Title XVIII	Skilled Nursing Facility	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)		3,890	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,890	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)		3,890	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)		2,551	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,485,555	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,485,555	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,485,555	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0058 Component CCN: 14-5951	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/23/2021 9:33 am
			Title XVIII	Skilled Nursing Facility	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)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					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)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					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					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)				3,485,555	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				896.03	71.00
72.00 Program routine service cost (line 9 x line 71)				2,285,773	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				2,285,773	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				2,285,773	83.00
84.00 Program inpatient ancillary services (see instructions)				1,095,335	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				3,381,108	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0058 Component CCN: 14-5951		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/23/2021 9:33 am
			Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/23/2021 9:33 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		6,254,038		30.00
31.00	03100	INTENSIVE CARE UNIT		3,190,507		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.225293	3,880,539	874,258	50.00
51.00	05100	RECOVERY ROOM	0.211034	381,336	80,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.477667	4,758	2,273	52.00
53.00	05300	ANESTHESIOLOGY	0.091722	491,979	45,125	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187614	1,401,971	263,029	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.160757	12,788	2,056	55.00
56.00	05600	RADIOISOTOPE	0.144667	74,305	10,749	56.00
57.00	05700	CT SCAN	0.036461	5,206,118	189,820	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069259	342,560	23,725	58.00
60.00	06000	LABORATORY	0.171398	6,035,187	1,034,419	60.00
65.00	06500	RESPIRATORY THERAPY	0.129637	4,416,064	572,485	65.00
66.00	06600	PHYSICAL THERAPY	0.330255	562,874	185,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256759	433,779	111,377	67.00
68.00	06800	SPEECH PATHOLOGY	0.348254	156,897	54,640	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.412751	1,588	655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539606	1,148,283	619,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466222	796,480	371,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266536	4,420,110	1,178,118	73.00
74.00	07400	RENAL DIALYSIS	0.268723	535,930	144,017	74.00
76.00	03950	DIABETIC EDUCATION	16.092461	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553685	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.207337	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.274373	465,252	127,653	90.00
91.00	09100	EMERGENCY	0.354633	1,946,432	690,269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.804439	183,356	147,499	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		32,898,586	6,729,490	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		32,898,586		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0058 Component CCN: 14-5951	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/23/2021 9:33 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.225293	3,641	820	50.00
51.00	05100 RECOVERY ROOM	0.211034	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.477667	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.091722	2,410	221	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.187614	86,242	16,180	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.160757	0	0	55.00
56.00	05600 RADIOISOTOPE	0.144667	16,347	2,365	56.00
57.00	05700 CT SCAN	0.036461	75,365	2,748	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069259	27,260	1,888	58.00
60.00	06000 LABORATORY	0.171398	601,886	103,162	60.00
65.00	06500 RESPIRATORY THERAPY	0.129637	799,723	103,674	65.00
66.00	06600 PHYSICAL THERAPY	0.330255	1,046,668	345,667	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256759	845,327	217,045	67.00
68.00	06800 SPEECH PATHOLOGY	0.348254	73,081	25,451	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.412751	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.539606	197,791	106,729	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466222	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266536	586,834	156,412	73.00
74.00	07400 RENAL DIALYSIS	0.268723	27	7	74.00
76.00	03950 DIABETIC EDUCATION	16.092461	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.553685	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.207337	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.274373	47,250	12,964	90.00
91.00	09100 EMERGENCY	0.354633	5	2	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.804439	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,409,857	1,095,335	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		4,409,857		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/23/2021 9:33 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,720,588	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		386,405	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		84.27	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)		5.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.08	31.00
32.00	Sum of lines 30 and 31		27.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.16	33.00
34.00	Disproportionate share adjustment (see instructions)		234,706	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/23/2021 9:33 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)		0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.0000065166		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	544,175	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	544,175	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		544,175		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		8,885,874		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		10,159,675		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			10,159,675	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			642,772	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			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			10,802,447	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			10,802,447	61.00
62.00	Deductibles billed to program beneficiaries			1,011,780	62.00
63.00	Coinsurance billed to program beneficiaries			1,749	63.00
64.00	Allowable bad debts (see instructions)			361,165	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			234,757	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			348,261	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			10,023,675	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-6,240	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
4/23/2021 9:33 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)	2020	463,198		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)		10,480,633		71.00
71.01	Sequestration adjustment (see instructions)		121,575		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments		10,709,393		72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)		0		73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-350,335		74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/23/2021 9:33 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,720,588	0	0	7,720,588	7,720,588
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	386,405	0	0	386,405	386,405
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1216	0.1216	0.1216	0.1216	0
11.00	Disproportionate share adjustment (see instructions)	34.00	234,706	0	0	234,706	234,706
11.01	Uncompensated care payments	36.00	544,175	0	0	544,175	544,175
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	8,885,874	0	0	8,885,874	8,885,874
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	10,159,675	0	0	10,159,675	10,159,675
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,159,675	0	0	10,159,675	10,159,675
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	642,772	0	0	642,772	642,772

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/23/2021 9:33 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	10,802,447	10,802,447	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	611,199	0	0	611,199	611,199	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	31,573	0	0	31,573	31,573	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	642,772	0	0	642,772	642,772	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.042879		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				463,198	463,198	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0058	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/23/2021 9:33 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,330	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,638,876	2.00
3.00	OPPS payments		10,277,550	3.00
4.00	Outlier payment (see instructions)		5,489	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,330	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		76,247	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)		76,247	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)		76,247	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		55,917	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		20,330	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		10,283,039	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,079,052	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		8,224,317	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)		8,224,317	30.00
31.00	Primary payer payments		1,720	31.00
32.00	Subtotal (line 30 minus line 31)		8,222,597	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)		567,784	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		369,060	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		554,565	36.00
37.00	Subtotal (see instructions)		8,591,657	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-8	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,591,665	40.00
40.01	Sequestration adjustment (see instructions)		99,663	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		8,497,766	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-5,764	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0058 Component CCN: 14-5951	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/23/2021 9:33 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,467	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,467	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,503	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		5,503	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,503	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,036	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)		1,467	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)		0	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)			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)		1,467	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)		1,467	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,467	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,467	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,467	40.00
40.01	Sequestration adjustment (see instructions)		17	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		1,251	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)		199	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/23/2021 9:33 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		10,709,393		8,497,766	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,709,393		8,497,766	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		350,335		5,764	6.02	
7.00	Total Medicare program liability (see instructions)		10,359,058		8,492,002	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0058
 Component CCN: 14-5951

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/23/2021 9:33 am

		Title XVIII		Skilled Nursing Facility	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				
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		1,234,176		1,251
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,234,176		1,251
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		199
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,234,176		1,450
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
4/23/2021 9:33 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0058 Component CCN: 14-5951	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 4/23/2021 9:33 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			1,348,730 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			1,348,730 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			99,743 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			1,248,987 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			1,248,987 15.00
15.01	Sequestration adjustment (see instructions)			14,811 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			0 15.75
16.00	Interim payments			1,234,176 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)			0 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 14-0058

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

Worksheet G

Date/Time Prepared:
4/23/2021 9:33 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	4,467,113	0	0	0	1.00
2.00	Temporary investments	11,486,860	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,321,102	0	0	0	4.00
5.00	Other receivable	-5,558,803	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,387,360	0	0	0	6.00
7.00	Inventory	1,687,389	0	0	0	7.00
8.00	Prepaid expenses	960,324	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,976,625	0	0	0	11.00
FIXED ASSETS						
12.00	Land	735,200	0	0	0	12.00
13.00	Land improvements	1,281,184	0	0	0	13.00
14.00	Accumulated depreciation	-464,417	0	0	0	14.00
15.00	Buildings	12,121,090	0	0	0	15.00
16.00	Accumulated depreciation	-2,535,465	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	21,361,049	0	0	0	19.00
20.00	Accumulated depreciation	-6,923,025	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	23,881,191	0	0	0	23.00
24.00	Accumulated depreciation	-13,625,849	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	753,492	0	0	0	27.00
28.00	Accumulated depreciation	-719,368	0	0	0	28.00
29.00	Minor equipment-nondepreciable	16,751,964	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	52,617,046	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	92,648,855	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	23,019,563	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	115,668,418	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	194,262,089	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,528,350	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,508,808	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,347,000	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	3,361,179	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,745,337	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	16,208,959	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	12,229,478	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,438,437	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	42,183,774	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	152,078,315	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)	152,078,315	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	194,262,089	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0058

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

Worksheet G-1

Date/Time Prepared:
4/23/2021 9:33 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		135,509,792		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		9,748,848				2.00
3.00	Total (sum of line 1 and line 2)		145,258,640		0		3.00
4.00	CHANGE IN NET ASSETS RESTRICTED	16,658,675		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)		16,658,675		0		10.00
11.00	Subtotal (line 3 plus line 10)		161,917,315		0		11.00
12.00	TRANSFERS TO RELATED ORGANIZATIONS	9,639,000		0		0	12.00
13.00	PENSION AND OTHER ADJUSTMENTS	200,000		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)		9,839,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		152,078,315		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	CHANGE IN NET ASSETS RESTRICTED		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	TRANSFERS TO RELATED ORGANIZATIONS		0				12.00
13.00	PENSION AND OTHER ADJUSTMENTS		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: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/23/2021 9:33 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	15,813,601		15,813,601	1.00
2.00	SUBPROVIDER - IPF	0		0	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	5,707,970		5,707,970	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,521,571		21,521,571	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,279,118		6,279,118	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,279,118		6,279,118	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,800,689		27,800,689	17.00
18.00	Ancillary services	62,283,320	241,762,086	304,045,406	18.00
19.00	Outpatient services	4,927,024	30,225,123	35,152,147	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	PHYSICIAN REVENUE	0	54,788	54,788	27.00
27.01	PHYSICIAN REVENUE - NRCC	0	3,931	3,931	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	95,011,033	272,045,928	367,056,961	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		93,681,838		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)		93,681,838		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0058

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

Worksheet G-3

Date/Time Prepared:
4/23/2021 9:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	367,056,961	1.00
2.00	Less contractual allowances and discounts on patients' accounts	280,697,879	2.00
3.00	Net patient revenues (line 1 minus line 2)	86,359,082	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	93,681,838	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,322,756	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	694,750	6.00
7.00	Income from investments	816,195	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	510,588	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	21,845	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	10,001	21.00
22.00	Rental of hospital space	451,186	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	186,543	24.00
24.01	340B INCOME	42,604	24.01
24.02	INTEREST PENALTY INCOME	57,333	24.02
24.03	REALIZED GAINS ON INVESTMENTS	2,599,593	24.03
24.04	UNREALIZED GAINS ON INVESTMENTS	5,193,780	24.04
24.05	EQUITY INCOME OF AFFILIATE	179,101	24.05
24.50	COVID-19 PHE Funding	7,375,748	24.50
25.00	Total other income (sum of lines 6-24)	18,139,267	25.00
26.00	Total (line 5 plus line 25)	10,816,511	26.00
27.00	RETIREE BENEFIT ADJUSTMENT	253,596	27.00
27.01	PROVISION FOR INCOME TAXES	157,804	27.01
27.02	CHANGE IN FMV OF INTEREST RATE SWAP	656,263	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,067,663	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,748,848	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0058

Period:
From 10/01/2019
To 09/30/2020Worksheet L
Parts I-III
Date/Time Prepared:
4/23/2021 9:33 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	611,199	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	31,573	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)	20.35	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)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	642,772	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