

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: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/8/2021 2:13 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/8/2021	Time: 2:13 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CARLE FOUNDATION HOSPITAL (14-0091) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

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	119,289	-77,797	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	8,164	-13		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	127,453	-77,810	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: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/8/2021 2:13 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 611 W. PARK STREET			PO Box:		1.00			
2.00	City: URBANA			State: IL		Zip Code: 61801-2595		County: CHAMPAIGN	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		CARLE FOUNDATION HOSPITAL	140091	16580	1	07/01/1966	N	P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF		CARLE INPATIENT REHAB	14T091	16580	5	07/01/1991	N	P
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA		CARLE HOME CARE	147241	16580		09/13/1983	N	P
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice		CARLE HOSPICE	141526	16580		05/09/1989		
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
17.20	Hospital-Based (OPT) I								
17.30	Hospital-Based (OOT) I								
17.40	Hospital-Based (OSP) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020	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)					N	N		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.					2	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

MCRIF32 - 16.10.172.2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/8/2021 2:13 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.43	5.82	0.068800	64.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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)	FAMILY MEDICINE	1350	0.93	12.58	0.068838	65.00
65.01		OSTEOPATHIC	3600	0.00	1.76	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	26.87	0.000000	65.02
			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)		0.04	26.12	0.001529	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.04	13.65	0.130019	67.00
67.01		INTERNAL MEDICINE	1400	0.02	31.91	0.000626	67.01
67.02		PSYCHIATRY	2200	0.05	8.35	0.005952	67.02

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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	N		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	N		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	N		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	N		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

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				V	XIX		
				1.00	2.00		
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	109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/8/2021 2:13 pm	
		1.00		2.00			
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		04H077		140.00	
		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: THE CARLE FOUNDATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00450		141.00	
142.00	Street: 611 W. PARK ST.	PO Box:				142.00	
143.00	City: URBANA	State: IL		Zip Code: 61801		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.					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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
161.20	OUTPATIENT PHYSICAL THERAPY			N		N	
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N		N	
161.40	OUTPATIENT SPEECH PATHOLOGY			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/8/2021 2:13 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/8/2021 2:13 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/12/2021	Y 05/12/2021
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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCAS	MORTON		41.00
42.00	Enter the employer/company name of the cost report preparer.	CARLE FOUNDATION HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-902-6326	LUCAS.MORTON@CARLE.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-FINANCE	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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	344	119,460	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)		344	119,460	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU	31.01	25	9,150	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	20	6,710	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	38	11,468	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		427	146,788	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		447				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)		12	4,392			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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,100	7,756	92,307			1.00
2.00	HMO and other (see instructions)	24,665	23,939				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	765	754				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)	28,100	7,756	92,307			7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL ICU	0	344	4,093			8.01
9.00	CORONARY CARE UNIT	1,567	488	5,801			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	1,697	528	6,286			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		825	9,821			13.00
14.00	Total (see instructions)	31,364	9,941	118,308	81.98	3,958.34	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,014	706	5,619	0.00	39.22	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	20,610	5,796	51,728	0.00	91.27	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	44,148	2,123	51,926	0.00	41.27	24.00
24.10	HOSPICE (non-distinct part)			295			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				81.98	4,130.10	27.00
28.00	Observation Bed Days		4,025	13,158			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	385	1,740			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			119			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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,115	6,936	27,221	1.00
2.00 HMO and other (see instructions)			5,168	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
8.01 NEONATAL ICU						8.01
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	6,115	6,936	27,221	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	124	72	350	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	259,994,380	15,574,705	275,569,085	8,590,605.24	32.08
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		72,461	0	72,461	520.00	139.35
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,088	0	1,088	4.41	246.71
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	4,988,274	0	4,988,274	170,324.00	29.29
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		23,249,620	415,420	23,665,040	595,430.92	39.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		14,020,846	0	14,020,846	189,316.89	74.06
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		5,604,459	0	5,604,459	46,819.59	119.70
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		99,364,855	0	99,364,855	3,085,753.74	32.20
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)		58,756,262	0	58,756,262		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,471,349	0	4,471,349		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		3,905	0	3,905		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		33	0	33		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,279,037	0	1,279,037		
25.50	Home office wage-related (core)		29,069,977	0	29,069,977		
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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	0	4,118,479	4,118,479	93,053.25	44.26	26.00
27.00	Administrative & General	5.00	19,481,025	-379,986	19,101,039	729,811.67	26.17	27.00
28.00	Administrative & General under contract (see inst.)		14,882,168	0	14,882,168	69,150.51	215.21	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	5,383,465	5,383,465	161,136.80	33.41	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	7,541,268	7,541,268	418,655.60	18.01	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	3,740,477	3,740,477	196,180.92	19.07	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,633,807	6,250	2,640,057	58,430.75	45.18	38.00
39.00	Central Services and Supply	14.00	0	4,497,974	4,497,974	210,128.03	21.41	39.00
40.00	Pharmacy	15.00	8,124,191	-838,610	7,285,581	182,672.03	39.88	40.00
41.00	Medical Records & Medical Records Library	16.00	837,448	3,481,613	4,319,061	165,293.08	26.13	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/8/2021 2:13 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	269,887,186	15,574,705	285,461,891	8,489,427.34	33.63	1.00
2.00	Excluded area salaries (see instructions)	23,249,620	415,420	23,665,040	595,430.92	39.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	246,637,566	15,159,285	261,796,851	7,893,996.42	33.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	118,990,160	0	118,990,160	3,321,890.22	35.82	4.00
5.00	Subtotal wage-related costs (see inst.)	87,830,144	0	87,830,144	0.00	33.55	5.00
6.00	Total (sum of lines 3 thru 5)	453,457,870	15,159,285	468,617,155	11,215,886.64	41.78	6.00
7.00	Total overhead cost (see instructions)	45,958,639	27,550,930	73,509,569	2,284,512.64	32.18	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/8/2021 2:13 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		13,270,055	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		30,056,433	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)		206,989	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)		832,018	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		826,772	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		17,829,505	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		47,697	19.00
20.00	State or Federal Unemployment Taxes		678	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		1,440,439	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		64,510,586	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: 14-0091

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 7/8/2021 2:13 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	14,083,895	64,510,586	1.00
2.00	Hospital	14,020,846	58,756,262	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	3,947	612,630	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,425,630	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	644,689	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	59,102	3,071,375	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0091 Component CCN: 14-7241		Period: From 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 7/8/2021 2:13 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,455	0	2,457	5,912	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,597.00	0.00	4,096.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			4.23	0.00	4.23	5.00
6.00	Direct Nursing Service			29.19	0.37	29.56	6.00
7.00	Nursing Supervisor			3.40	0.00	3.40	7.00
8.00	Physical Therapy Service			22.07	0.00	22.07	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			7.56	0.00	7.56	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			3.12	0.00	3.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.45	0.00	0.45	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.84	0.00	2.84	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14010					20.00
20.01		16580					20.01
20.02		19180					20.02
20.03		19500					20.03
20.04		37900					20.04
20.05		99914					20.05
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,446	823	386	24	7,679	21.00
22.00	Skilled Nursing Visit Charges	1,279,220	160,390	79,580	4,920	1,524,110	22.00
23.00	Physical Therapy Visits	6,805	780	452	27	8,064	23.00
24.00	Physical Therapy Visit Charges	1,444,975	163,455	100,310	5,895	1,714,635	24.00
25.00	Occupational Therapy Visits	1,785	623	47	4	2,459	25.00
26.00	Occupational Therapy Visit Charges	376,210	130,870	9,990	840	517,910	26.00
27.00	Speech Pathology Visits	379	206	14	4	603	27.00
28.00	Speech Pathology Visit Charges	87,550	47,125	3,350	925	138,950	28.00
29.00	Medical Social Service Visits	64	15	3	3	85	29.00
30.00	Medical Social Service Visit Charges	19,520	4,575	915	915	25,925	30.00
31.00	Home Health Aide Visits	1,353	362	1	4	1,720	31.00
32.00	Home Health Aide Visit Charges	115,005	30,770	85	340	146,200	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,832	2,809	903	66	20,610	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,322,480	537,185	194,230	13,835	4,067,730	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,944		430	13	2,387	36.00
37.00	Total Number of Outlier Episodes		121		0	121	37.00
38.00	Total Non-Routine Medical Supply Charges	350,763	52,768	38,158	2,175	443,864	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0091

Period:

Worksheet S-9

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/8/2021 2:13 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	43,471	2,067	5,516	51,054	11.00
12.00	Hospice Inpatient Respite Care	41	6	0	47	12.00
13.00	Hospice General Inpatient Care	636	50	139	825	13.00
14.00	Total Hospice Days	44,148	2,123	5,655	51,926	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0091

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

Worksheet S-10

Date/Time Prepared:
7/8/2021 2:13 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.206228	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		171,536,640	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?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		692,972,982	6.00
7.00	Medicaid cost (line 1 times line 6)		142,910,432	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		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)		0	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)	70,276,655	9,840,646	80,117,301
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,493,014	9,840,646	24,333,660
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	14,493,014	9,840,646	24,333,660
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		33,582,363	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,615,175	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,023,346	27.01
28.00	Non-Medicare bad debt expense (see instructions)		29,559,017	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,504,068	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		31,837,728	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		31,837,728	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	41,804	41,804	0	41,804	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,535,430	18,535,430	-532,940	18,002,490	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	5,208,534	2,430,053	-207,216	7,431,371	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	411,330	142,220,747	93,584,277	236,216,354	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	13,861,161	89,442,544	-43,445,825	59,857,880	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	-21,336	-21,336	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,633,807	1,497,586	-208,020	3,923,373	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-1,000	1,000	0	14.00
15.00	01500	PHARMACY	8,124,191	58,936,035	-58,030,120	9,030,106	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	837,448	594,707	-15,528	1,416,627	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,988,274	6,733,700	-5,280,986	6,440,988	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	5,109,485	5,109,485	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	521,145	521,145	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,597,741	30,600,776	-16,014,125	73,184,392	30.00
31.01	03101	NEONATAL ICU	7,015,523	3,473,836	-583,668	9,905,691	31.01
32.00	03200	CORONARY CARE UNIT	6,074,145	3,047,011	-695,441	8,425,715	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,116,124	3,312,780	-722,888	8,706,016	34.00
41.00	04100	SUBPROVIDER - IRF	3,091,453	1,374,495	-371,747	4,094,201	41.00
43.00	04300	NURSERY	0	0	1,891,357	1,891,357	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,061,649	43,294,564	-22,666,277	31,689,936	50.00
51.00	05100	RECOVERY ROOM	1,655,243	726,276	-210,745	2,170,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,005,532	7,005,532	52.00
53.00	05300	ANESTHESIOLOGY	83,359	1,451,207	-1,534,566	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,639,101	15,772,579	-6,106,769	24,304,911	54.00
57.00	05700	CT SCAN	2,314,605	3,130,538	-722,899	4,722,244	57.00
58.00	05800	MRI	2,051,441	2,754,856	-361,721	4,444,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,404,395	8,828,763	-7,872,329	2,360,829	59.00
60.00	06000	LABORATORY	8,798,296	18,805,347	-3,913,968	23,689,675	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	456,419	2,955,293	-46,896	3,364,816	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,766,284	2,757,537	-307,334	7,216,487	65.00
66.00	06600	PHYSICAL THERAPY	16,151,755	10,586,338	-5,695,458	21,042,635	66.00
69.00	06900	ELECTROCARDIOLOGY	2,740,182	2,095,289	-791,431	4,044,040	69.00
69.01	03650	SPECIAL PROCEDURES	4,489,543	14,557,584	-11,442,310	7,604,817	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	349,020	199,154	-74,171	474,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	20,513,468	20,513,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,159,188	21,159,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	78,606,395	78,606,395	73.00
75.00	07500	ASC (NON-DISTINCT PART)	983,435	1,760,766	-1,086,143	1,658,058	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	1,611,517	-1,611,517	0	76.00
76.97	07697	CARDIAC REHABILITATION	269,791	255,300	-157,020	368,071	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	351,265	104,967	-2,112	454,120	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	37,667,406	44,999,220	-29,659,070	53,007,556	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	8,821,630	9,000,938	-1,073,823	16,748,745	91.00
91.01	09101	SLEEP LAB	942,065	581,269	-304,116	1,219,218	91.01
91.02	09102	BRONCH & GASTRO LAB	2,879,598	4,591,155	-1,027,755	6,442,998	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 7/8/2021 2:13 pm
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
			1.00	2.00	3.00	4.00	5.00
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	8,094,147	4,434,134	12,528,281	-1,696,105	10,832,176 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	3,144,681	5,496,845	8,641,526	-894,272	7,747,254 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	251,075,041	562,991,940	814,066,981	3,003,200	817,070,181 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,287	266,692	334,979	-225,852	109,127 190.00
191.00	19100	RESEARCH	1,504,936	561,359	2,066,295	0	2,066,295 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0 192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0 192.02
192.03	19203	ARBOURS RX	0	0	0	0	0 192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0 192.04
192.05	19205	MARKETING	0	0	0	0	0 192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0 192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	1,005	5,337	6,342	0	6,342 192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0 192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0 192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0 192.10
192.11	19211	CASC PHARMACY	181,755	-157,239	24,516	-24,516	0 192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	31,650	31,650 192.12
192.13	19213	PARISH NRSG	79,130	53,711	132,841	-15,360	117,481 192.13
192.14	19214	COMM HLTH & WLNS	154,140	3,379,613	3,533,753	0	3,533,753 192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0 192.15
192.16	19216	PALLIATIVE CARE	303,736	169,014	472,750	-68,496	404,254 192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0 192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0 192.18
192.19	19219	STRATUM	0	0	0	0	0 192.19
193.01	19301	CONTRACT MANAGEMENT	0	231,032	231,032	0	231,032 193.01
193.02	19302	TELEMEDICINE	1,494,101	934,864	2,428,965	-11,880	2,417,085 193.02
193.04	19304	NORTH GARAGE	0	0	0	501,290	501,290 193.04
193.05	19305	HOME INFUSION	1,367,845	25,316,913	26,684,758	-2,531,365	24,153,393 193.05
193.06	19306	MISSION RELATED	0	0	0	0	0 193.06
193.07	19307	GRANT RELATED	3,172,987	4,679,392	7,852,379	-2,467,787	5,384,592 193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	401,432	494,849	896,281	0	896,281 193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	18,480	990,068	1,008,548	0	1,008,548 193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	279,441	279,441 193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	759,603	759,603 193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	126,918	126,918 193.13
193.14	19312	RETAIL PHARM	171,505	38,139,772	38,311,277	0	38,311,277 193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	21,336	21,336 193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	1,030,154	1,030,154 193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0 193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0 193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	408,336	408,336	-408,336	0 194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	259,994,380	638,465,653	898,460,033	0	898,460,033 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	41,804	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	18,002,490	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,279,840	-3,279,840	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	5.03
5.04	00570	ADMITTING	0	7,431,371	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	5,323,422	241,539,776	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-36,471,113	23,386,767	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,267,243	20,267,243	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	9,976,702	9,976,702	9.00
10.00	01000	DIETARY	6,433,263	6,411,927	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	947,746	4,871,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,958,380	5,958,380	14.00
15.00	01500	PHARMACY	962,480	9,992,586	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,107,905	6,524,532	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,440,988	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,109,485	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	521,145	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-155,668	73,028,724	30.00
31.01	03101	NEONATAL ICU	0	9,905,691	31.01
32.00	03200	CORONARY CARE UNIT	-18,308	8,407,407	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-24,023	8,681,993	34.00
41.00	04100	SUBPROVIDER - IRF	-2,603	4,091,598	41.00
43.00	04300	NURSERY	-8,398	1,882,959	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-92,080	31,597,856	50.00
51.00	05100	RECOVERY ROOM	0	2,170,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-92,169	6,913,363	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,205	24,265,706	54.00
57.00	05700	CT SCAN	0	4,722,244	57.00
58.00	05800	MRI	0	4,444,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	-15,291	2,345,538	59.00
60.00	06000	LABORATORY	979,246	24,668,921	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,364,816	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-8,076	7,208,411	65.00
66.00	06600	PHYSICAL THERAPY	-136,872	20,905,763	66.00
69.00	06900	ELECTROCARDIOLOGY	-131	4,043,909	69.00
69.01	03650	SPECIAL PROCEDURES	-24	7,604,793	69.01
69.02	06901	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	474,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,513,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,159,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,606,395	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-4,191	1,653,867	75.00
75.01	07501	WOUND CARE	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-15,572	352,499	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	454,120	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICS	-128,536	52,879,020	90.01
90.02	09002	HOME INFUSION	0	0	90.02
91.00	09100	EMERGENCY	-1,204,913	15,543,832	91.00
91.01	09101	SLEEP LAB	-25,849	1,193,369	91.01
91.02	09102	BRONCH & GASTRO LAB	-651	6,442,347	91.02
91.03	09103	SURGICENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-53,881	10,778,295	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	-21,338	7,725,916	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,157,655	831,227,836	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,127	190.00
191.00	19100	RESEARCH	0	2,066,295	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	192.02
192.03	19203	ARBOURS RX	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	192.04
192.05	19205	MARKETING	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	6,342	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	31,650	192.12
192.13	19213	PARISH NRS	0	117,481	192.13
192.14	19214	COMM HLTH & WLNS	0	3,533,753	192.14
192.15	19215	MOBILE CLINIC	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	404,254	192.16
192.17	19217	SMOKING CESSATION	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	192.18
192.19	19219	STRATUM	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	231,032	193.01
193.02	19302	TELEMEDICINE	0	2,417,085	193.02
193.04	19304	NORTH GARAGE	0	501,290	193.04
193.05	19305	HOME INFUSION	0	24,153,393	193.05
193.06	19306	MISSION RELATED	0	0	193.06
193.07	19307	GRANT RELATED	0	5,384,592	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	896,281	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	1,008,548	193.10
193.11	19309	RELATED PARTY THERAPY	0	279,441	193.11
193.12	19310	RELATED PARTY PHARMACY	0	759,603	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	126,918	193.13
193.14	19312	RETAIL PHARM	0	38,311,277	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	21,336	193.15
193.16	19314	RELATED PARTY LABORATORY	0	1,030,154	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	14,157,655	912,617,688	200.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
7/8/2021 2:13 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	5,109,485		1.00
	COSTS APPRV					
	0		0	5,109,485		
	B - PARKING GARAGE DEPRECIATION					
1.00	SOUTH PARKING GARAGE	192.12	0	31,650		1.00
2.00	NORTH GARAGE	193.04	0	501,290		2.00
	0		0	532,940		
	C - INTERNAL FEES					
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	93,584,395		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	0		0	93,584,395		
	D - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	78,606,395		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

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
7/8/2021 2:13 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
0			0	78,606,395	
E - OBSTETRICS					
1.00	NURSERY	43.00	1,204,635	686,722	1.00
0			1,204,635	686,722	
F - ACUTE RENAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,509,323	1.00
0			0	1,509,323	
G - L&D DEPT FROM ROUTINE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	4,761,974	2,243,558	1.00
0			4,761,974	2,243,558	
H - RX RESIDENT					
1.00	PARAMED ED PRGM-RX RESIDENT	23.00	387,129	134,016	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			387,129	134,016	
I - BONUSES					
1.00	ADMITTING	5.04	10,000	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	16,240	0	2.00
3.00	NURSING ADMINISTRATION	13.00	6,250	0	3.00
4.00	PHARMACY	15.00	10,625	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	1,250	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	699,969	0	6.00
7.00	NEONATAL ICU	31.01	39,125	0	7.00
8.00	CORONARY CARE UNIT	32.00	30,000	0	8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	49,125	0	9.00
10.00	SUBPROVIDER - IRF	41.00	13,375	0	10.00
11.00	NURSERY	43.00	7,645	0	11.00
12.00	OPERATING ROOM	50.00	80,250	0	12.00
13.00	RECOVERY ROOM	51.00	18,000	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	45,750	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	46,000	0	15.00
16.00	CT SCAN	57.00	4,750	0	16.00
17.00	MRI	58.00	3,125	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	12,125	0	18.00
19.00	LABORATORY	60.00	28,750	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	1,250	0	20.00
21.00	RESPIRATORY THERAPY	65.00	13,750	0	21.00
22.00	PHYSICAL THERAPY	66.00	86,125	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	13,125	0	23.00
24.00	SPECIAL PROCEDURES	69.01	16,125	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	1,250	0	25.00
26.00	ASC (NON-DISTINCT PART)	75.00	3,750	0	26.00
27.00	CLINICS	90.01	161,375	0	27.00
28.00	EMERGENCY	91.00	90,000	0	28.00
29.00	SLEEP LAB	91.01	3,375	0	29.00
30.00	BRONCH & GASTRO LAB	91.02	6,875	0	30.00
31.00	HOME HEALTH AGENCY	101.00	32,750	0	31.00
32.00	HOSPICE	116.00	21,875	0	32.00
33.00	RESEARCH	191.00	2,500	0	33.00
34.00	PARISH NRSG	192.13	2,500	0	34.00
35.00	TELEMEDICINE	193.02	15,000	0	35.00
36.00	HOME INFUSION	193.05	1,924	0	36.00
37.00	GRANT RELATED	193.07	9,359	0	37.00
0			1,605,262	0	
J - SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,513,468	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,159,188	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,000	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

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
7/8/2021 2:13 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
0			0	41,673,656	
K - CONTRACT LABOR					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	168,694	1.00
2.00	PHARMACY	15.00	179,406	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,468,183	3.00
4.00	NEONATAL ICU	31.01	0	44,511	4.00
5.00	CORONARY CARE UNIT	32.00	0	764,749	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,051,717	6.00
7.00	SUBPROVIDER - IRF	41.00	0	3,947	7.00
8.00	NURSERY	43.00	0	52,346	8.00
9.00	OPERATING ROOM	50.00	0	1,499,402	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	335,995	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	250,003	11.00
12.00	MRI	58.00	0	65,705	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	167,307	13.00
14.00	LABORATORY	60.00	0	181,308	14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,141,943	15.00
16.00	PHYSICAL THERAPY	66.00	0	184,214	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	229,247	17.00
18.00	SPECIAL PROCEDURES	69.01	0	177,359	18.00
19.00	CLINICS	90.01	0	535,497	19.00
20.00	EMERGENCY	91.00	0	2,539,855	20.00
21.00	SLEEP LAB	91.01	0	163,918	21.00
22.00	HOME HEALTH AGENCY	101.00	0	57,345	22.00
23.00	HOSPICE	116.00	0	12,470	23.00
24.00	HOME INFUSION	193.05	6,969	0	24.00
25.00	OTHER NONREIMBURSABLE ADMIN	193.10	0	18,058	25.00
	TOTALS		186,375	14,113,773	
L - ANESTHESIA					
1.00	OPERATING ROOM	50.00	83,359	1,316,943	1.00
	0		83,359	1,316,943	
M - HO SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,118,479	0	1.00
2.00	OPERATION OF PLANT	7.00	5,383,465	0	2.00
3.00	HOUSEKEEPING	9.00	7,541,268	0	3.00
4.00	DIETARY	10.00	3,761,813	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	4,497,974	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	3,480,363	0	6.00
	0		28,783,362	0	
N - RELATED PARTY					
1.00	RELATED PARTY THERAPY	193.11		279,441	1.00
2.00	RELATED PARTY PHARMACY	193.12		759,603	2.00
3.00	RELATED PARTY PHARMACISTS	193.13		126,918	3.00
4.00	RELATED PARTY DIETITIANS	193.15	21,336		4.00
5.00	RELATED PARTY LABORATORY	193.16		1,030,154	5.00
	TOTALS		21,336	2,196,116	
500.00	Grand Total: Increases		37,033,432	241,707,322	500.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
7/8/2021 2:13 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	5,109,485	0		1.00
	0		0	5,109,485			
	B - PARKING GARAGE DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	532,940	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	532,940			
	C - INTERNAL FEES						
1.00	ADMITTING	5.04	0	207,216	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	40,756,848	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	208,020	0		3.00
4.00	PHARMACY	15.00	0	387,888	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,528	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	171,492	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	8,307,732	0		7.00
8.00	NEONATAL ICU	31.01	0	580,548	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	576,936	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	581,748	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	365,724	0		11.00
12.00	OPERATING ROOM	50.00	0	1,950,264	0		12.00
13.00	RECOVERY ROOM	51.00	0	204,648	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	57,780	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,167,280	0		15.00
16.00	CT SCAN	57.00	0	168,756	0		16.00
17.00	MRI	58.00	0	189,012	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	196,452	0		18.00
19.00	LABORATORY	60.00	0	2,870,794	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	46,896	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	278,052	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	5,042,591	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	362,844	0		23.00
24.00	SPECIAL PROCEDURES	69.01	0	1,228,212	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,772	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	809,629	0		26.00
27.00	ACUTE DIALYSIS	76.00	0	88,656	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	157,020	0		28.00
29.00	CLINICS	90.01	0	14,407,538	0		29.00
30.00	EMERGENCY	91.00	0	951,240	0		30.00
31.00	SLEEP LAB	91.01	0	304,116	0		31.00
32.00	BRONCH & GASTRO LAB	91.02	0	783,408	0		32.00
33.00	HOME HEALTH AGENCY	101.00	0	1,473,272	0		33.00
34.00	HOSPICE	116.00	0	894,272	0		34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	225,852	0		35.00
36.00	CASC PHARMACY	192.11	0	24,516	0		36.00
37.00	PARISH NRSNG	192.13	0	15,360	0		37.00
38.00	PALLIATIVE CARE	192.16	0	68,496	0		38.00
39.00	TELEMEDICINE	193.02	0	11,880	0		39.00
40.00	HOME INFUSION	193.05	0	2,521,984	0		40.00
41.00	GRANT RELATED	193.07	0	2,467,787	0		41.00
42.00	UNDERGRADUATE MEDICAL EDUCATION	194.00	0	408,336	0		42.00
	0		0	93,584,395			
	D - DRUGS CHARGED						
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	118	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,338,513	0		2.00
3.00	PHARMACY	15.00	0	56,583,586	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	291,696	0		4.00
5.00	NEONATAL ICU	31.01	0	2,317	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	116,933	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	138,729	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	4,947	0		8.00
9.00	OPERATING ROOM	50.00	0	726,654	0		9.00
10.00	RECOVERY ROOM	51.00	0	5,101	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	76,464	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,027,914	0		12.00
13.00	CT SCAN	57.00	0	532,517	0		13.00
14.00	MRI	58.00	0	169,795	0		14.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
7/8/2021 2:13 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
15.00	LABORATORY	60.00	0	892	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	29,274	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	428,458	0		17.00
18.00	SPECIAL PROCEDURES	69.01	0	491,383	0		18.00
19.00	ASC (NON-DISTINCT PART)	75.00	0	62,097	0		19.00
20.00	ACUTE DIALYSIS	76.00	0	13,538	0		20.00
21.00	CLINICS	90.01	0	14,445,146	0		21.00
22.00	EMERGENCY	91.00	0	89,932	0		22.00
23.00	BRONCH & GASTRO LAB	91.02	0	30,382	0		23.00
24.00	HOME HEALTH AGENCY	101.00	0	9	0		24.00
	0		0	78,606,395			
E - OBSTETRICS							
1.00	ADULTS & PEDIATRICS	30.00	1,204,635	686,722	0		1.00
	0		1,204,635	686,722			
F - ACUTE RENAL							
1.00	ACUTE DIALYSIS	76.00	0	1,509,323	0		1.00
	0		0	1,509,323			
G - L&D DEPT FROM ROUTINE							
1.00	ADULTS & PEDIATRICS	30.00	4,761,974	2,243,558	0		1.00
	0		4,761,974	2,243,558			
H - RX RESIDENT							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	237,532	102,107	0		1.00
2.00	PHARMACY	15.00	142,120	30,005	0		2.00
3.00	HOME INFUSION	193.05	7,477	1,904	0		3.00
	0		387,129	134,016			
I - BONUSES							
1.00	ADMITTING	5.04	0	10,000	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	16,240	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	6,250	0		3.00
4.00	PHARMACY	15.00	0	10,625	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,250	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	699,969	0		6.00
7.00	NEONATAL ICU	31.01	0	39,125	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	30,000	0		8.00
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	49,125	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	13,375	0		10.00
11.00	NURSERY	43.00	0	7,645	0		11.00
12.00	OPERATING ROOM	50.00	0	80,250	0		12.00
13.00	RECOVERY ROOM	51.00	0	18,000	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	45,750	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,000	0		15.00
16.00	CT SCAN	57.00	0	4,750	0		16.00
17.00	MRI	58.00	0	3,125	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	12,125	0		18.00
19.00	LABORATORY	60.00	0	28,750	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,250	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	13,750	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	86,125	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	13,125	0		23.00
24.00	SPECIAL PROCEDURES	69.01	0	16,125	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,250	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	3,750	0		26.00
27.00	CLINICS	90.01	0	161,375	0		27.00
28.00	EMERGENCY	91.00	0	90,000	0		28.00
29.00	SLEEP LAB	91.01	0	3,375	0		29.00
30.00	BRONCH & GASTRO LAB	91.02	0	6,875	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	32,750	0		31.00
32.00	HOSPICE	116.00	0	21,875	0		32.00
33.00	RESEARCH	191.00	0	2,500	0		33.00
34.00	PARISH NRSG	192.13	0	2,500	0		34.00
35.00	TELEMEDICINE	193.02	0	15,000	0		35.00
36.00	HOME INFUSION	193.05	0	1,924	0		36.00
37.00	GRANT RELATED	193.07	0	9,359	0		37.00
	0		0	1,605,262			
J - SUPPLIES CHARGED							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	10,825	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	9	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	27,131	0		3.00
4.00	NEONATAL ICU	31.01	0	803	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
7/8/2021 2:13 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
5.00 CORONARY CARE UNIT	32.00	0	1,572	0		5.00
6.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	2,411	0		6.00
7.00 SUBPROVIDER - IRF	41.00	0	1,076	0		7.00
8.00 OPERATING ROOM	50.00	0	21,389,661	0		8.00
9.00 RECOVERY ROOM	51.00	0	996	0		9.00
10.00 ANESTHESIOLOGY	53.00	0	20	0		10.00
11.00 RADIOLOGY-DIAGNOSTIC	54.00	0	911,575	0		11.00
12.00 CT SCAN	57.00	0	21,626	0		12.00
13.00 MRI	58.00	0	2,914	0		13.00
14.00 CARDIAC CATHETERIZATION	59.00	0	7,675,877	0		14.00
15.00 LABORATORY	60.00	0	12,128	0		15.00
16.00 RESPIRATORY THERAPY	65.00	0	8	0		16.00
17.00 PHYSICAL THERAPY	66.00	0	373,426	0		17.00
18.00 ELECTROCARDIOLOGY	69.00	0	129	0		18.00
19.00 SPECIAL PROCEDURES	69.01	0	9,722,715	0		19.00
20.00 ELECTROENCEPHALOGRAPHY	70.00	0	26,399	0		20.00
21.00 ASC (NON-DISTINCT PART)	75.00	0	214,417	0		21.00
22.00 HYPERBARIC OXYGEN THERAPY	76.98	0	2,112	0		22.00
23.00 CLINICS	90.01	0	806,386	0		23.00
24.00 EMERGENCY	91.00	0	32,651	0		24.00
25.00 BRONCH & GASTRO LAB	91.02	0	213,965	0		25.00
26.00 HOME HEALTH AGENCY	101.00	0	222,824	0		26.00
0		0	41,673,656			
K - CONTRACT LABOR						
1.00 OTHER ADMINISTRATIVE & GENERAL	5.06	168,694	0	0		1.00
2.00 PHARMACY	15.00	0	179,406	0		2.00
3.00 ADULTS & PEDIATRICS	30.00	4,468,183	0	0		3.00
4.00 NEONATAL ICU	31.01	44,511	0	0		4.00
5.00 CORONARY CARE UNIT	32.00	764,749	0	0		5.00
6.00 SURGICAL INTENSIVE CARE UNIT	34.00	1,051,717	0	0		6.00
7.00 SUBPROVIDER - IRF	41.00	3,947	0	0		7.00
8.00 NURSERY	43.00	52,346	0	0		8.00
9.00 OPERATING ROOM	50.00	1,499,402	0	0		9.00
10.00 DELIVERY ROOM & LABOR ROOM	52.00	335,995	0	0		10.00
11.00 RADIOLOGY-DIAGNOSTIC	54.00	250,003	0	0		11.00
12.00 MRI	58.00	65,705	0	0		12.00
13.00 CARDIAC CATHETERIZATION	59.00	167,307	0	0		13.00
14.00 LABORATORY	60.00	181,308	0	0		14.00
15.00 RESPIRATORY THERAPY	65.00	1,141,943	0	0		15.00
16.00 PHYSICAL THERAPY	66.00	184,214	0	0		16.00
17.00 ELECTROCARDIOLOGY	69.00	229,247	0	0		17.00
18.00 SPECIAL PROCEDURES	69.01	177,359	0	0		18.00
19.00 CLINICS	90.01	535,497	0	0		19.00
20.00 EMERGENCY	91.00	2,539,855	0	0		20.00
21.00 SLEEP LAB	91.01	163,918	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00	57,345	0	0		22.00
23.00 HOSPICE	116.00	12,470	0	0		23.00
24.00 HOME INFUSION	193.05	0	6,969	0		24.00
25.00 OTHER NONREIMBURSABLE ADMIN	193.10	18,058	0	0		25.00
TOTALS		14,113,773	186,375			
L - ANESTHESIA						
1.00 ANESTHESIOLOGY	53.00	83,359	1,316,943	0		1.00
0		83,359	1,316,943			
M - HO SALARIES						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,118,479	0		1.00
2.00 OPERATION OF PLANT	7.00	0	5,383,465	0		2.00
3.00 HOUSEKEEPING	9.00	0	7,541,268	0		3.00
4.00 DIETARY	10.00	0	3,761,813	0		4.00
5.00 CENTRAL SERVICES & SUPPLY	14.00	0	4,497,974	0		5.00
6.00 MEDICAL RECORDS & LIBRARY	16.00	0	3,480,363	0		6.00
0		0	28,783,362			
N - RELATED PARTY						
1.00 DIETARY	10.00	21,336		0		1.00
2.00 PHARMACY	15.00	759,603		0		2.00
3.00 PHARMACY	15.00	126,918		0		3.00
4.00 LABORATORY	60.00		1,030,154	0		4.00
5.00 PHYSICAL THERAPY	66.00		279,441	0		5.00
TOTALS		907,857	1,309,595			
500.00 Grand Total: Decreases		21,458,727	257,282,027			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	652,707	0	0	0	0	2.00	
3.00	Buildings and Fixtures	209,154	13,227,918	0	13,227,918	0	3.00	
4.00	Building Improvements	1,063,333	0	0	0	0	4.00	
5.00	Fixed Equipment	207,948,209	12,112,775	0	12,112,775	0	5.00	
6.00	Movable Equipment	717,028	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	210,590,431	25,340,693	0	25,340,693	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	210,590,431	25,340,693	0	25,340,693	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00	
2.00	Land Improvements	652,707	0				2.00	
3.00	Buildings and Fixtures	13,437,072	0				3.00	
4.00	Building Improvements	1,063,333	0				4.00	
5.00	Fixed Equipment	220,060,984	0				5.00	
6.00	Movable Equipment	717,028	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	235,931,124	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	235,931,124	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	41,804	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,535,430	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,577,234	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	41,804				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	18,535,430				2.00
3.00	Total (sum of lines 1-2)	0	18,577,234				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	235,214,096	0	235,214,096	0.996961	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	717,028	0	717,028	0.003039	0	2.00
3.00	Total (sum of lines 1-2)	235,931,124	0	235,931,124	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	41,804	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,002,490	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,044,294	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	41,804	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,002,490	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	18,044,294	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,386,659			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	52,536,858			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-118,000	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00 AHA AND IHA LOBBYING EXPENSE	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00 CAOS TUITION	B	-111,586	PHYSICAL THERAPY	66.00	0	35.00
35.01 EDUCATION REVENUE		0		0.00	0	35.01
35.06 EDUCATION REVENUE		0		0.00	0	35.06
35.07 EDUCATION REVENUE	B	-975	EMERGENCY	91.00	0	35.07
36.00 OTHER REVENUE- GRANT REVENUE	B	-110,690	SHARED ADMINISTRATIVE & GENERAL	5.05	0	36.00
36.01 OTHER REVENUE - GRANT REVENUE	B	-10,833	CLINICS	90.01	0	36.01
36.02 OTHER REVENUE - GRANT REVENUE	B	0	EMERGENCY	91.00	0	36.02
37.00 MISC	B	-12,662	SHARED ADMINISTRATIVE & GENERAL	5.05	0	37.00
38.00 MISC REVENUE & CCA REVENUE, SER	B	-6,937,957	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
38.02 MISC	B	-1,058	ADULTS & PEDIATRICS	30.00	0	38.02
38.06 MISC	B	-7,589	PHYSICAL THERAPY	66.00	0	38.06
39.00 OUTSIDE CONTRACT	B	-14,759	PHYSICAL THERAPY	66.00	0	39.00
39.02 RENT REVENUE	B	-70,964	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.02
39.03 RENT REVENUE	B	-42,577	CLINICS	90.01	0	39.03
40.00 U OF I SUBSIDY	B	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	40.00
41.00 U OF I SUBSIDY	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	41.00
44.00 PROVIDER TAX	A	-28,456,956	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
45.00 REF LAB	B	-14,972	CARDIAC REHABILITATION	76.97	0	45.00
45.01 MISC & CCA REVENUE	B	-912	LABORATORY	60.00	0	45.01
45.02 UNALLOWABLE EXPENSE	A	0	EMERGENCY	91.00	0	45.02
45.07 MISC REVENUE	B	-8,076	RESPIRATORY THERAPY	65.00	0	45.07
45.09 DONATIONS	A	0	HOSPICE	116.00	0	45.09
45.11 MISC REVENUE	B	-1,810	CLINICS	90.01	0	45.11
45.12 UNALLOWABLE EXPENSE	A	-7	HOME HEALTH AGENCY	101.00	0	45.12
45.13 UNALLOWABLE EXPENSE	A	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.13
45.16 UNALLOWABLE EXPENSE	A	0	ADULTS & PEDIATRICS	30.00	0	45.16
45.17 UNALLOWABLE EXPENSE	A	0	ADMITTING	5.04	0	45.17
45.22 UNALLOWABLE EXPENSE	A	0	SPECIAL PROCEDURES	69.01	0	45.22
45.38 DONATIONS	A	-265,271	SHARED ADMINISTRATIVE & GENERAL	5.05	0	45.38
45.39 DONATIONS	A	-1,010	PHYSICAL THERAPY	66.00	0	45.39
46.00 MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02	0	46.00
46.01 MISC REVENUE	B	0	ADMITTING	5.04	0	46.01
46.02 MISC REVENUE	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46.02
47.00 MISC REVENUE	B	-195,832	PHYSICAL THERAPY	66.00	0	47.00
47.01 MISC REVENUE	B	0	PHARMACY	15.00	0	47.01
47.02 CONF TRAINING REVENUE	B	-270	ADULTS & PEDIATRICS	30.00	0	47.02
47.03 CONF TRAINING REVENUE	B	0	SUBPROVIDER - IRF	41.00	0	47.03
47.04 RELATED PARTY	A	835,562	PHARMACY	15.00	0	47.04
47.05 RELATED PARTY	A	126,918	PHARMACY	15.00	0	47.05
47.06 RELATED PARTY	A	21,336	DIETARY	10.00	0	47.06
47.07 RELATED PARTY	A	279,442	PHYSICAL THERAPY	66.00	0	47.07
47.08 RELATED PARTY	A	1,030,154	LABORATORY	60.00	0	47.08
47.09 RELATED PARTY	A	0	RELATED PARTY RHC	193.18	0	47.09
49.00 WORKERS COMP	A	-611,740	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.00
49.01 WORKERS COMP	A	-89,949	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.01
49.02 WORKERS COMP	A	-4,926	LABORATORY	60.00	0	49.02
49.03 WORKERS COMP	A	-34,215	PHYSICAL THERAPY	66.00	0	49.03
49.04 WORKERS COMP	A	-3,685	ASC (NON-DISTINCT PART)	75.00	0	49.04
49.05 WORKERS COMP	A	-53,794	HOME HEALTH AGENCY	101.00	0	49.05
49.06 WORKERS COMP	A	-21,180	HOSPICE	116.00	0	49.06
49.07 PROF LIABILITY	A	-80	HOME HEALTH AGENCY	101.00	0	49.07
49.10 PROF LIABILITY	A	-64,089	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
49.11	PROF LIABILITY	A	-15,627	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.11
49.12	PROF LIABILITY	A	-522	LABORATORY	60.00	0	49.12
49.13	PROF LIABILITY	A	-323	PHYSICAL THERAPY	66.00	0	49.13
49.14	PROF LIABILITY	A	-506	ASC (NON-DISTINCT PART)	75.00	0	49.14
49.15	PROF LIABILITY	A	-158	HOSPICE	116.00	0	49.15
49.20	GL ADD ON	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	49.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		14,157,655				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: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
7/8/2021 2:13 pm

	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	0.00			0	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	-3,279,840	0	2.00
3.00	5.05	SHARED ADMINISTRATIVE & GENE	HO ALLOCATION	195,608,358	188,538,331	3.00
3.01	7.00	OPERATION OF PLANT	HO ALLOCATION	20,267,243	0	3.01
3.02	9.00	HOUSEKEEPING	HO ALLOCATION	9,976,702	0	3.02
3.03	10.00	DIETARY	HO ALLOCATION	6,411,927	0	3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	HO ALLOCATION	5,958,380	0	3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATION	5,184,634	0	3.05
4.00	13.00	NURSING ADMINISTRATION	HO ALLOCATION	947,785	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			241,075,189	188,538,331	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.

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

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	CARLE FOUNDATIO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
7/8/2021 2:13 pm

	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	0	0		1.00
2.00	-3,279,840	0		2.00
3.00	7,070,027	0		3.00
3.01	20,267,243	0		3.01
3.02	9,976,702	0		3.02
3.03	6,411,927	0		3.03
3.04	5,958,380	0		3.04
3.05	5,184,634	0		3.05
4.00	947,785	0		4.00
5.00	52,536,858			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
7/8/2021 2:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	1,608,584	0	1,608,584	211,500	9,111	1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	899,660	899,660	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	39	39	0	0	0	3.00
4.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	267,181	0	267,181	211,500	1,873	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	516,000	36,340	479,660	211,500	4,877	5.00
6.00	32.00	AGGREGATE-CORONARY CARE UNIT	28,273	6,195	22,078	211,500	98	6.00
7.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	92,375	35	92,340	246,400	577	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	7,280	0	7,280	211,500	46	8.00
9.00	43.00	AGGREGATE-NURSERY	257,348	8,398	248,950	211,500	2,531	9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	98,240	92,000	6,240	246,400	52	10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	209,465	0	209,465	237,100	1,029	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	93,454	79	93,375	271,900	415	12.00
13.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	27,900	0	27,900	211,500	124	13.00
14.00	60.00	AGGREGATE-LABORATORY	101,490	0	101,490	211,500	560	14.00
15.00	66.00	AGGREGATE-PHYSICAL THERAPY	65,439	42,208	23,231	211,500	142	15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	131	131	0	0	0	16.00
17.00	69.01	AGGREGATE-SPECIAL PROCEDURES	24	24	0	0	0	17.00
18.00	76.97	AGGREGATE-CARDIAC REHABILITATION	600	600	0	0	0	18.00
19.00	90.01	AGGREGATE-CLINICS	73,316	73,316	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	3,680,547	1,203,938	2,476,609	211,500	25,824	20.00
21.00	91.01	AGGREGATE-SLEEP LAB	34,492	20,892	13,600	211,500	85	21.00
22.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	255	255	0	0	0	22.00
200.00			8,062,093	2,384,110	5,677,983		47,344	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
7/8/2021 2:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	926,431	46,322	0	0	0	1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	190,452	9,523	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	495,907	24,795	0	0	0	5.00
6.00	32.00	AGGREGATE-CORONARY CARE UNIT	9,965	498	0	0	0	6.00
7.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	68,352	3,418	0	0	0	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	4,677	234	0	0	0	8.00
9.00	43.00	AGGREGATE-NURSERY	257,359	12,868	0	0	0	9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	6,160	308	0	0	0	10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	117,296	5,865	0	0	0	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOST IC	54,249	2,712	0	0	0	12.00
13.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	12,609	630	0	0	0	13.00
14.00	60.00	AGGREGATE-LABORATORY	56,942	2,847	0	0	0	14.00
15.00	66.00	AGGREGATE-PHYSICAL THERAPY	14,439	722	0	0	0	15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	69.01	AGGREGATE-SPECIAL PROCEDURES	0	0	0	0	0	17.00
18.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	18.00
19.00	90.01	AGGREGATE-CLINICS	0	0	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	2,625,854	131,293	0	0	0	20.00
21.00	91.01	AGGREGATE-SLEEP LAB	8,643	432	0	0	0	21.00
22.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	0	0	22.00
200.00			4,849,335	242,467	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
7/8/2021 2:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	0	926,431	682,153	682,153		1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	0	0	899,660		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	39		3.00
4.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	190,452	76,729	76,729		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	495,907	0	36,340		5.00
6.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	9,965	12,113	18,308		6.00
7.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	0	68,352	23,988	24,023		7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	4,677	2,603	2,603		8.00
9.00	43.00	AGGREGATE-NURSERY	0	257,359	0	8,398		9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	0	6,160	80	92,080		10.00
11.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	117,296	92,169	92,169		11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOST IC	0	54,249	39,126	39,205		12.00
13.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	12,609	15,291	15,291		13.00
14.00	60.00	AGGREGATE-LABORATORY	0	56,942	44,548	44,548		14.00
15.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	14,439	8,792	51,000		15.00
16.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	131		16.00
17.00	69.01	AGGREGATE-SPECIAL PROCEDURES	0	0	0	24		17.00
18.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	600		18.00
19.00	90.01	AGGREGATE-CLINICS	0	0	0	73,316		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	2,625,854	0	1,203,938		20.00
21.00	91.01	AGGREGATE-SLEEP LAB	0	8,643	4,957	25,849		21.00
22.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	255		22.00
200.00			0	4,849,335	1,002,549	3,386,659		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	41,804	41,804			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,002,490		18,002,490		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,279,840	0	0	-3,279,840	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	7,431,371	84	189,449	0	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	241,539,776	81	150,409	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	23,386,767	1,740	215,750	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,267,243	17,565	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,976,702	118	0	0	9.00
10.00	01000	DIETARY	6,411,927	380	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,871,119	94	243,529	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,958,380	0	0	0	14.00
15.00	01500	PHARMACY	9,992,586	0	638,314	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,524,532	0	5,557	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,440,988	0	7,443	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,109,485	70	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	521,145	1	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,028,724	3,956	975,911	0	30.00
31.01	03101	NEONATAL ICU	9,905,691	318	322,468	0	31.01
32.00	03200	CORONARY CARE UNIT	8,407,407	317	291,680	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,681,993	319	258,219	0	34.00
41.00	04100	SUBPROVIDER - IRF	4,091,598	213	150,698	0	41.00
43.00	04300	NURSERY	1,882,959	101	20,766	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,597,856	1,153	2,832,178	0	50.00
51.00	05100	RECOVERY ROOM	2,170,774	89	12,280	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,913,363	463	113,080	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,265,706	1,659	4,552,691	0	54.00
57.00	05700	CT SCAN	4,722,244	86	159,808	0	57.00
58.00	05800	MRI	4,444,576	110	407,251	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,345,538	78	517,476	0	59.00
60.00	06000	LABORATORY	24,668,921	630	565,833	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,364,816	24	18,115	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,208,411	173	238,502	0	65.00
66.00	06600	PHYSICAL THERAPY	20,905,763	1,752	156,846	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,043,909	136	343,154	0	69.00
69.01	03650	SPECIAL PROCEDURES	7,604,793	539	860,712	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	474,003	16	166,033	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,513,468	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,159,188	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,606,395	190	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,653,867	248	115,508	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	352,499	111	15,285	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	454,120	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	52,879,020	7,424	1,316,342	0	90.01
90.02	09002	HOME INFUSION	0	53	0	0	90.02
91.00	09100	EMERGENCY	15,543,832	545	1,164,681	0	91.00
91.01	09101	SLEEP LAB	1,193,369	125	44,926	0	91.01
91.02	09102	BRONCH & GASTRO LAB	6,442,347	350	632,988	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	10,778,295	2	74,250	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	7,725,916	2	637	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	831,227,836	41,315	17,778,769	0	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,127	112	282	0	0 190.00
191.00	19100	RESEARCH	2,066,295	0	518	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	CHEMOTHERAPY RX	0	29	0	0	0 192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0 192.02
192.03	19203	ARBOURS RX	0	0	0	0	0 192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0 192.04
192.05	19205	MARKETING	0	0	0	0	0 192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0 192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	6,342	0	0	0	0 192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0 192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0 192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0 192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0 192.11
192.12	19212	SOUTH PARKING GARAGE	31,650	0	0	0	0 192.12
192.13	19213	PARISH NRSG	117,481	2	0	0	0 192.13
192.14	19214	COMM HLTH & WLNS	3,533,753	0	24,382	0	0 192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0 192.15
192.16	19216	PALLIATIVE CARE	404,254	0	502	0	0 192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0 192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0 192.18
192.19	19219	STRATUM	0	0	0	0	0 192.19
193.01	19301	CONTRACT MANAGEMENT	231,032	0	0	0	0 193.01
193.02	19302	TELEMEDICINE	2,417,085	1	60,217	0	0 193.02
193.04	19304	NORTH GARAGE	501,290	0	0	0	0 193.04
193.05	19305	HOME INFUSION	24,153,393	0	2,855	0	0 193.05
193.06	19306	MISSION RELATED	0	0	0	0	0 193.06
193.07	19307	GRANT RELATED	5,384,592	175	123,625	0	0 193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	896,281	0	11,340	0	0 193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	1,008,548	0	0	0	0 193.10
193.11	19309	RELATED PARTY THERAPY	279,441	0	0	0	0 193.11
193.12	19310	RELATED PARTY PHARMACY	759,603	0	0	0	0 193.12
193.13	19311	RELATED PARTY PHARMACISTS	126,918	0	0	0	0 193.13
193.14	19312	RETAIL PHARM	38,311,277	0	0	0	0 193.14
193.15	19313	RELATED PARTY DIETITIANS	21,336	0	0	0	0 193.15
193.16	19314	RELATED PARTY LABORATORY	1,030,154	0	0	0	0 193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0 193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0 193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	170	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	-3,279,840	0 201.00
202.00		TOTAL (sum lines 118 through 201)	912,617,688	41,804	18,002,490	-3,279,840	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	FOUNDATION OVERHEAD	0	0				5.03
5.04	00570	ADMITTING	0	0	7,620,904			5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	241,690,266		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	241,690,266	265,294,523	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	20,284,808	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9,976,820	9.00
10.00	01000	DIETARY	0	0	0	0	6,412,307	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	5,114,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	5,958,380	14.00
15.00	01500	PHARMACY	0	0	0	0	10,630,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,530,089	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,448,431	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5,109,555	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	521,146	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	752,206	0	74,760,797	30.00
31.01	03101	NEONATAL ICU	0	0	72,253	0	10,300,730	31.01
32.00	03200	CORONARY CARE UNIT	0	0	77,549	0	8,776,953	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	86,397	0	9,026,928	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	37,103	0	4,279,612	41.00
43.00	04300	NURSERY	0	0	66,652	0	1,970,478	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	326,594	0	34,757,781	50.00
51.00	05100	RECOVERY ROOM	0	0	41,541	0	2,224,684	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	53,472	0	7,080,378	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	514,196	0	29,334,252	54.00
57.00	05700	CT SCAN	0	0	450,959	0	5,333,097	57.00
58.00	05800	MRI	0	0	180,211	0	5,032,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	120,955	0	2,984,047	59.00
60.00	06000	LABORATORY	0	0	898,752	0	26,134,136	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	56,625	0	3,439,580	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	197,198	0	7,644,284	65.00
66.00	06600	PHYSICAL THERAPY	0	0	174,660	0	21,239,021	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	164,990	0	4,552,189	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	123,731	0	8,589,775	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	11,481	0	651,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	281,782	0	20,795,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	276,408	0	21,435,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,115,597	0	79,722,182	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	14,646	0	1,784,269	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,501	0	371,396	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,122	0	455,242	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	562,587	0	54,765,373	90.01
90.02	09002	HOME INFUSION	0	0	384,846	0	384,899	90.02
91.00	09100	EMERGENCY	0	0	389,193	0	17,098,251	91.00
91.01	09101	SLEEP LAB	0	0	17,169	0	1,255,589	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	115,011	0	7,190,696	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	23,208	0	10,875,755	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	28,309	0	7,754,864	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	7,620,904	241,690,266	834,283,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	109,521	190.00
191.00	19100	RESEARCH	0	0	0	0	2,066,813	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	29	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	6,342	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	31,650	192.12
192.13	19213	PARISH NRSG	0	0	0	0	117,483	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	3,558,135	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	404,756	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	231,032	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	2,477,303	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	501,290	193.04
193.05	19305	HOME INFUSION	0	0	0	0	24,156,248	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	5,508,392	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	907,621	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,008,548	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	279,441	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	759,603	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	126,918	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	38,311,277	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	21,336	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	1,030,154	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	170	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-3,279,840	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	7,620,904	241,690,266	912,617,688	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	265,294,523					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	8,271,475	0	28,556,283			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	4,068,218	0	150,386	0	14,195,424	9.00
10.00	01000	DIETARY	2,614,727	0	485,457	0	242,600	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,085,623	0	120,075	0	60,006	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,429,631	0	0	0	0	14.00
15.00	01500	PHARMACY	4,334,930	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,662,755	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,629,457	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,083,508	0	89,955	0	44,954	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	212,506	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,484,986	0	5,050,351	0	2,523,838	30.00
31.01	03101	NEONATAL ICU	4,200,298	0	406,519	0	203,152	31.01
32.00	03200	CORONARY CARE UNIT	3,578,952	0	404,131	0	201,959	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,680,883	0	406,872	0	203,328	34.00
41.00	04100	SUBPROVIDER - IRF	1,745,085	0	272,008	0	135,932	41.00
43.00	04300	NURSERY	803,496	0	129,546	0	64,738	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,173,076	0	1,471,376	0	735,298	50.00
51.00	05100	RECOVERY ROOM	907,153	0	113,454	0	56,697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,887,144	0	591,367	0	295,527	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,961,540	0	2,118,073	0	1,058,476	54.00
57.00	05700	CT SCAN	2,174,661	0	110,252	0	55,097	57.00
58.00	05800	MRI	2,051,944	0	140,915	0	70,420	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,216,796	0	99,371	0	49,659	59.00
60.00	06000	LABORATORY	10,656,638	0	804,029	0	401,802	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,402,547	0	30,690	0	15,337	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,117,087	0	221,047	0	110,465	65.00
66.00	06600	PHYSICAL THERAPY	8,660,572	0	2,236,710	0	1,117,763	66.00
69.00	06900	ELECTROCARDIOLOGY	1,856,232	0	174,184	0	87,046	69.00
69.01	03650	SPECIAL PROCEDURES	3,502,627	0	687,645	0	343,640	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	265,674	0	20,108	0	10,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,479,617	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,740,729	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,508,160	0	243,108	0	121,490	73.00
75.00	07500	ASC (NON-DISTINCT PART)	727,566	0	316,863	0	158,348	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	151,443	0	141,947	0	70,936	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	185,633	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	22,331,512	0	9,476,530	0	4,735,753	90.01
90.02	09002	HOME INFUSION	156,949	0	67,649	0	33,807	90.02
91.00	09100	EMERGENCY	6,972,103	0	695,432	0	347,532	91.00
91.01	09101	SLEEP LAB	511,988	0	159,612	0	79,764	91.01
91.02	09102	BRONCH & GASTRO LAB	2,932,129	0	446,788	0	223,276	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	4,434,774	0	2,442	0	1,220	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,162,178	0	2,442	0	1,220	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,015,002	0	27,887,334	0	13,861,128	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,659	0	142,598	0	71,261	190.00
191.00	19100	RESEARCH	842,778	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	12	0	36,606	0	18,293	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	2,586	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	12,906	0	0	0	0	192.12
192.13	19213	PARISH NRSG	47,906	0	3,148	0	1,573	192.13
192.14	19214	COMM HLTH & WLNS	1,450,890	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	165,046	0	43,716	0	21,846	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	94,207	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,010,162	0	1,655	0	827	193.02
193.04	19304	NORTH GARAGE	204,410	0	0	0	0	193.04
193.05	19305	HOME INFUSION	9,850,121	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	2,246,140	0	224,032	0	111,957	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	370,098	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	411,253	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	113,947	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	309,741	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	51,753	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	15,622,074	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	8,700	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	420,063	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	69	0	217,194	0	108,539	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	265,294,523	0	28,556,283	0	14,195,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	9,755,091					10.00
11.00	01100	CAFETERIA	5,385,702	5,385,702				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	46,890	0	7,427,336		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	168,631	0	0	8,556,642	14.00
15.00	01500	PHARMACY	0	146,596	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	132,658	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	136,697	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	6,210	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,752,081	1,134,191	0	5,292,888	0	30.00
31.01	03101	NEONATAL ICU	0	132,958	0	620,447	0	31.01
32.00	03200	CORONARY CARE UNIT	202,247	119,420	0	557,284	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	219,158	105,415	0	491,961	0	34.00
41.00	04100	SUBPROVIDER - IRF	195,903	65,469	0	0	0	41.00
43.00	04300	NURSERY	0	23,871	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	234,851	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	32,117	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	91,543	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	334,090	0	0	0	54.00
57.00	05700	CT SCAN	0	48,693	0	0	0	57.00
58.00	05800	MRI	0	40,013	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,989	0	0	0	59.00
60.00	06000	LABORATORY	0	255,834	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,717	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	77,188	0	360,199	0	65.00
66.00	06600	PHYSICAL THERAPY	0	328,515	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	59,944	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	89,824	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,679	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,212,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,344,612	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	18,395	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	9,482	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,260	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	1,096,985	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	133,793	0	0	0	91.00
91.01	09101	SLEEP LAB	0	21,000	0	98,037	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	64,067	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,755,091	5,204,985	0	7,420,816	8,556,642	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,636	0	0	0	190.00
191.00	19100	RESEARCH	0	34,521	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	3,405	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	1,402	0	6,520	0	192.13
192.14	19214	COMM HLTH & WLNS	0	3,205	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	7,128	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	29,496	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	25,073	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	64,935	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	9,899	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	17	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,755,091	5,385,702	0	7,427,336	8,556,642	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	15,112,426					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,325,502				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		9,214,585	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	920,112	0	0	8,326,432	30.00
31.01	03101	NEONATAL ICU	0	88,381	0	0	555,095	31.01
32.00	03200	CORONARY CARE UNIT	0	94,859	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	105,682	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	45,385	0	0	0	41.00
43.00	04300	NURSERY	0	81,529	0	0	277,548	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	399,496	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	50,813	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	65,407	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	628,974	0	0	0	54.00
57.00	05700	CT SCAN	0	551,621	0	0	0	57.00
58.00	05800	MRI	0	220,437	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	147,954	0	0	0	59.00
60.00	06000	LABORATORY	0	1,099,370	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	69,265	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	241,217	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,977	213,648	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	201,818	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	151,350	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,044	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	344,681	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	338,108	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,998,169	1,368,095	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	17,915	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,282	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,372	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	688,167	0	0	0	90.01
90.02	09002	HOME INFUSION	0	470,750	0	0	0	90.02
91.00	09100	EMERGENCY	0	476,068	0	0	55,510	91.00
91.01	09101	SLEEP LAB	0	21,002	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	140,683	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	451	28,389	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	67,764	34,628	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,075,361	9,325,502	0	0	9,214,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	156	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	36,909	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	15,112,426	9,325,502	0	0	9,214,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,327,972					22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		739,862				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,621,662	0	138,867,338	-14,948,094	123,919,244	30.00
31.01	03101	NEONATAL ICU	441,444	0	16,949,024	-996,539	15,952,485	31.01
32.00	03200	CORONARY CARE UNIT	0	186,316	14,122,121	0	14,122,121	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	14,240,227	0	14,240,227	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,739,394	0	6,739,394	41.00
43.00	04300	NURSERY	220,722	0	3,571,928	-498,270	3,073,658	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	256,521	52,028,399	0	52,028,399	50.00
51.00	05100	RECOVERY ROOM	0	0	3,384,918	0	3,384,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,011,366	0	11,011,366	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	45,435,405	0	45,435,405	54.00
57.00	05700	CT SCAN	0	0	8,273,421	0	8,273,421	57.00
58.00	05800	MRI	0	0	7,555,877	0	7,555,877	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,522,816	0	4,522,816	59.00
60.00	06000	LABORATORY	0	0	39,351,809	0	39,351,809	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4,968,136	0	4,968,136	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	11,771,487	0	11,771,487	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,805,206	0	33,805,206	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,931,413	0	6,931,413	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	13,364,861	0	13,364,861	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	969,086	0	969,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	33,831,578	0	33,831,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,859,045	0	34,859,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	128,961,204	0	128,961,204	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	3,023,356	0	3,023,356	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	749,486	0	749,486	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	648,507	0	648,507	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	93,094,320	0	93,094,320	90.01
90.02	09002	HOME INFUSION	0	5,400	1,119,454	0	1,119,454	90.02
91.00	09100	EMERGENCY	44,144	291,625	26,114,458	-99,654	26,014,804	91.00
91.01	09101	SLEEP LAB	0	0	2,146,992	0	2,146,992	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	10,997,639	0	10,997,639	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	15,343,031	0	15,343,031	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE		0	11,023,096	0	11,023,096	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,327,972	739,862	799,776,398	-16,542,557	783,233,841	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	369,675	0	369,675	190.00
191.00	19100	RESEARCH	0	0	2,944,112	0	2,944,112	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	54,940	0	54,940	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	9,084	0	9,084	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	3,405	0	3,405	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	44,556	0	44,556	192.12
192.13	19213	PARISH NRSG	0	0	178,032	0	178,032	192.13
192.14	19214	COMM HLTH & WLNS	0	0	5,012,230	0	5,012,230	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	642,492	0	642,492	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	325,239	0	325,239	193.01
193.02	19302	TELEMEDICINE	0	0	3,519,443	0	3,519,443	193.02
193.04	19304	NORTH GARAGE	0	0	705,700	0	705,700	193.04
193.05	19305	HOME INFUSION	0	0	34,031,442	0	34,031,442	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	8,155,456	0	8,155,456	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	1,287,618	0	1,287,618	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	1,419,818	0	1,419,818	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	393,388	0	393,388	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	1,106,253	0	1,106,253	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	178,671	0	178,671	193.13
193.14	19312	RETAIL PHARM	0	0	53,933,351	0	53,933,351	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	30,036	0	30,036	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	1,450,217	0	1,450,217	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	325,972	0	325,972	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-3,279,840	0	-3,279,840	201.00
202.00		TOTAL (sum lines 118 through 201)	7,327,972	739,862	912,617,688	-16,542,557	896,075,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

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	0	0	0	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	0	84	189,449	189,533	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	28,157	81	150,409	178,647	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	44,844	1,740	215,750	262,334	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	17,565	0	17,565	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	118	0	118	9.00
10.00	01000	DIETARY	0	380	0	380	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	484	94	243,529	244,107	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	4,719	0	638,314	643,033	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,557	5,557	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,268	0	7,443	25,711	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	70	0	70	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	1	0	1	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	463,303	3,956	975,911	1,443,170	30.00
31.01	03101	NEONATAL ICU	11,761	318	322,468	334,547	31.01
32.00	03200	CORONARY CARE UNIT	40,138	317	291,680	332,135	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	107,385	319	258,219	365,923	34.00
41.00	04100	SUBPROVIDER - IRF	82,946	213	150,698	233,857	41.00
43.00	04300	NURSERY	1,603	101	20,766	22,470	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	93,968	1,153	2,832,178	2,927,299	50.00
51.00	05100	RECOVERY ROOM	0	89	12,280	12,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	515	463	113,080	114,058	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,859	1,659	4,552,691	4,570,209	54.00
57.00	05700	CT SCAN	92,040	86	159,808	251,934	57.00
58.00	05800	MRI	0	110	407,251	407,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,212	78	517,476	525,766	59.00
60.00	06000	LABORATORY	3,431	630	565,833	569,894	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	24	18,115	18,139	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	282,826	173	238,502	521,501	65.00
66.00	06600	PHYSICAL THERAPY	58,853	1,752	156,846	217,451	66.00
69.00	06900	ELECTROCARDIOLOGY	0	136	343,154	343,290	69.00
69.01	03650	SPECIAL PROCEDURES	23,337	539	860,712	884,588	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16	166,033	166,049	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	190	0	190	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	248	115,508	115,756	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	111	15,285	15,396	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	75,416	7,424	1,316,342	1,399,182	90.01
90.02	09002	HOME INFUSION	0	53	0	53	90.02
91.00	09100	EMERGENCY	29,403	545	1,164,681	1,194,629	91.00
91.01	09101	SLEEP LAB	10,475	125	44,926	55,526	91.01
91.02	09102	BRONCH & GASTRO LAB	2,362	350	632,988	635,700	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

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
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	180	2	74,250	74,432	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	2	637	639	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,500,485	41,315	17,778,769	19,320,569	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	112	282	394	190.00
191.00	19100	RESEARCH	0	0	518	518	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	29	0	29	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	192.12
192.13	19213	PARISH NRSG	478	2	0	480	192.13
192.14	19214	COMM HLTH & WLNS	0	0	24,382	24,382	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	502	502	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,008	1	60,217	61,226	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	2,855	2,855	193.05
193.06	19306	MISSION RELATED	0	0	0	0	193.06
193.07	19307	GRANT RELATED	22,600	175	123,625	146,400	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	6,725	0	11,340	18,065	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	1,222	0	0	1,222	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	170	0	170	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,532,518	41,804	18,002,490	19,576,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	189,533		5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	0	178,647	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	178,647	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	18,740	0	30.00
31.01	03101	NEONATAL ICU	0	0	0	1,800	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	1,932	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	2,152	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	924	0	41.00
43.00	04300	NURSERY	0	0	0	1,660	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,136	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,035	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,332	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	12,810	0	54.00
57.00	05700	CT SCAN	0	0	0	11,235	0	57.00
58.00	05800	MRI	0	0	0	4,490	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,013	0	59.00
60.00	06000	LABORATORY	0	0	0	22,390	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,411	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,913	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,351	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,110	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	3,082	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	286	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,020	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,886	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,469	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	365	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	87	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	28	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	14,016	0	90.01
90.02	09002	HOME INFUSION	0	0	0	9,588	0	90.02
91.00	09100	EMERGENCY	0	0	0	9,696	0	91.00
91.01	09101	SLEEP LAB	0	0	0	428	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	2,865	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	578	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	705	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	189,533	178,647	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	189,533	178,647	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	440,981					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	13,753	0	31,318			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	6,764	0	165		7,047	9.00
10.00	01000	DIETARY	4,348	0	532	0	120	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,468	0	132	0	30	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,040	0	0	0	0	14.00
15.00	01500	PHARMACY	7,208	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,427	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,372	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,464	0	99	0	22	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	353	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,688	0	5,539	0	1,253	30.00
31.01	03101	NEONATAL ICU	6,984	0	446	0	101	31.01
32.00	03200	CORONARY CARE UNIT	5,951	0	443	0	100	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,120	0	446	0	101	34.00
41.00	04100	SUBPROVIDER - IRF	2,902	0	298	0	67	41.00
43.00	04300	NURSERY	1,336	0	142	0	32	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,566	0	1,614	0	365	50.00
51.00	05100	RECOVERY ROOM	1,508	0	124	0	28	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,800	0	649	0	147	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,889	0	2,323	0	525	54.00
57.00	05700	CT SCAN	3,616	0	121	0	27	57.00
58.00	05800	MRI	3,412	0	155	0	35	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,023	0	109	0	25	59.00
60.00	06000	LABORATORY	17,719	0	882	17	199	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,332	0	34	0	8	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,183	0	242	0	55	65.00
66.00	06600	PHYSICAL THERAPY	14,400	0	2,453	0	555	66.00
69.00	06900	ELECTROCARDIOLOGY	3,086	0	191	0	43	69.00
69.01	03650	SPECIAL PROCEDURES	5,824	0	754	0	171	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	442	0	22	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,099	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,533	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,925	0	267	0	60	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,210	0	348	0	79	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	252	0	156	0	35	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	309	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	37,131	0	10,391	0	2,350	90.01
90.02	09002	HOME INFUSION	261	0	74	0	17	90.02
91.00	09100	EMERGENCY	11,593	0	763	0	173	91.00
91.01	09101	SLEEP LAB	851	0	175	0	40	91.01
91.02	09102	BRONCH & GASTRO LAB	4,875	0	490	0	111	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	7,374	0	3	0	1	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	5,258	0	3	0	1	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	385,649	0	30,585	0	6,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74	0	156	0	35	190.00
191.00	19100	RESEARCH	1,401	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	40	0	9	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	4	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	21	0	0	0	0	192.12
192.13	19213	PARISH NRSG	80	0	3	0	1	192.13
192.14	19214	COMM HLTH & WLNS	2,412	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	274	0	48	0	11	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	157	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,680	0	2	0	0	193.02
193.04	19304	NORTH GARAGE	340	0	0	0	0	193.04
193.05	19305	HOME INFUSION	16,378	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	3,735	0	246	0	56	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	615	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	684	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	189	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	515	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	86	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	25,975	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	14	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	698	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	238	0	54	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	440,981	0	31,318	0	7,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,380					10.00
11.00	01100	CAFETERIA	2,970					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	26	0	247,763		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93	0	0	4,133	14.00
15.00	01500	PHARMACY	0	81	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	73	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	75	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	3	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,069	626	0	176,561	0	30.00
31.01	03101	NEONATAL ICU	0	73	0	20,697	0	31.01
32.00	03200	CORONARY CARE UNIT	112	66	0	18,590	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	121	58	0	16,411	0	34.00
41.00	04100	SUBPROVIDER - IRF	108	36	0	0	0	41.00
43.00	04300	NURSERY	0	13	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	130	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	18	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	50	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	184	0	0	0	54.00
57.00	05700	CT SCAN	0	27	0	0	0	57.00
58.00	05800	MRI	0	22	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14	0	0	0	59.00
60.00	06000	LABORATORY	0	141	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	43	0	12,016	0	65.00
66.00	06600	PHYSICAL THERAPY	0	181	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	33	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	50	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,031	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	605	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	74	0	0	0	91.00
91.01	09101	SLEEP LAB	0	12	0	3,270	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	35	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,380	2,870	0	247,545	4,133	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1	0	0	0	190.00
191.00	19100	RESEARCH	0	19	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	2	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	1	0	218	0	192.13
192.14	19214	COMM HLTH & WLNS	0	2	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	4	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	16	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	14	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	36	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	5	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,380	2,970	0	247,763	4,133	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	650,322					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,057				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		30,158	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,124	0			30.00
31.01	03101	NEONATAL ICU	0	108	0			31.01
32.00	03200	CORONARY CARE UNIT	0	116	0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	129	0			34.00
41.00	04100	SUBPROVIDER - IRF	0	55	0			41.00
43.00	04300	NURSERY	0	100	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	488	0			50.00
51.00	05100	RECOVERY ROOM	0	62	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	769	0			54.00
57.00	05700	CT SCAN	0	674	0			57.00
58.00	05800	MRI	0	269	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	181	0			59.00
60.00	06000	LABORATORY	0	1,343	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	85	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	0	295	0			65.00
66.00	06600	PHYSICAL THERAPY	386	261	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	247	0			69.00
69.01	03650	SPECIAL PROCEDURES	0	185	0			69.01
69.02	06901	CARDIAC REHAB	0	0	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	421	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	413	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	645,406	333	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	22	0			75.00
75.01	07501	WOUND CARE	0	0	0			75.01
76.00	03950	ACUTE DIALYSIS	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	5	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	841	0			90.01
90.02	09002	HOME INFUSION	0	575	0			90.02
91.00	09100	EMERGENCY	0	582	0			91.00
91.01	09101	SLEEP LAB	0	26	0			91.01
91.02	09102	BRONCH & GASTRO LAB	0	172	0			91.02
91.03	09103	SURGICENTER	0	0	0			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	19	35	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,916	42	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	648,727	10,057	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0			192.01
192.02	19202	RURAL HEALTH	0	0	0			192.02
192.03	19203	ARBOURS RX	0	0	0			192.03
192.04	19204	FUND DEVELOPMENT	0	0	0			192.04
192.05	19205	MARKETING	0	0	0			192.05
192.06	19206	CARLE CLINIC	0	0	0			192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	7	0	0			192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0			192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0			192.09
192.10	19210	OTHER REL ENTITIES	0	0	0			192.10
192.11	19211	CASC PHARMACY	0	0	0			192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0			192.12
192.13	19213	PARISH NRSG	0	0	0			192.13
192.14	19214	COMM HLTH & WLNS	0	0	0			192.14
192.15	19215	MOBILE CLINIC	0	0	0			192.15
192.16	19216	PALLIATIVE CARE	0	0	0			192.16
192.17	19217	SMOKING CESSATION	0	0	0			192.17
192.18	19218	HRT DISEASE PRVT	0	0	0			192.18
192.19	19219	STRATUM	0	0	0			192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0			193.01
193.02	19302	TELEMEDICINE	0	0	0			193.02
193.04	19304	NORTH GARAGE	0	0	0			193.04
193.05	19305	HOME INFUSION	0	0	0			193.05
193.06	19306	MISSION RELATED	0	0	0			193.06
193.07	19307	GRANT RELATED	0	0	0			193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0			193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0			193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0			193.11
193.12	19310	RELATED PARTY PHARMACY	1,588	0	0			193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0			193.13
193.14	19312	RETAIL PHARM	0	0	0			193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0			193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0			193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0			193.17
193.18	19316	RELATED PARTY RHC	0	0	0			193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0			194.00
200.00		Cross Foot Adjustments				0	30,158	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	650,322	10,057	0	0	30,158	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,655					22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		357				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			1,699,770	0	1,699,770	30.00
31.01	03101	NEONATAL ICU			364,756	0	364,756	31.01
32.00	03200	CORONARY CARE UNIT			359,445	0	359,445	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			391,461	0	391,461	34.00
41.00	04100	SUBPROVIDER - IRF			238,247	0	238,247	41.00
43.00	04300	NURSERY			25,753	0	25,753	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			2,961,598	0	2,961,598	50.00
51.00	05100	RECOVERY ROOM			15,144	0	15,144	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			121,116	0	121,116	52.00
53.00	05300	ANESTHESIOLOGY			0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,606,709	0	4,606,709	54.00
57.00	05700	CT SCAN			267,634	0	267,634	57.00
58.00	05800	MRI			415,744	0	415,744	58.00
59.00	05900	CARDIAC CATHETERIZATION			531,131	0	531,131	59.00
60.00	06000	LABORATORY			612,568	0	612,568	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			22,015	0	22,015	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY			544,248	0	544,248	65.00
66.00	06600	PHYSICAL THERAPY			240,038	0	240,038	66.00
69.00	06900	ELECTROCARDIOLOGY			351,000	0	351,000	69.00
69.01	03650	SPECIAL PROCEDURES			894,654	0	894,654	69.01
69.02	06901	CARDIAC REHAB			0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			166,825	0	166,825	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			23,571	0	23,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			23,934	0	23,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			727,650	0	727,650	73.00
75.00	07500	ASC (NON-DISTINCT PART)			117,790	0	117,790	75.00
75.01	07501	WOUND CARE			0	0	0	75.01
76.00	03950	ACUTE DIALYSIS			0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION			15,936	0	15,936	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			342	0	342	76.98
76.99	07699	LITHOTRIPSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS			1,464,516	0	1,464,516	90.01
90.02	09002	HOME INFUSION			10,568	0	10,568	90.02
91.00	09100	EMERGENCY			1,217,510	0	1,217,510	91.00
91.01	09101	SLEEP LAB			60,328	0	60,328	91.01
91.02	09102	BRONCH & GASTRO LAB			644,248	0	644,248	91.02
91.03	09103	SURGICENTER			0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT			0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		82,442	0	82,442	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE		9,564	0	9,564	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	19,228,255	0	19,228,255	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		660	0	660	190.00
191.00	19100	RESEARCH		1,938	0	1,938	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX		78	0	78	192.01
192.02	19202	RURAL HEALTH		0	0	0	192.02
192.03	19203	ARBOURS RX		0	0	0	192.03
192.04	19204	FUND DEVELOPMENT		0	0	0	192.04
192.05	19205	MARKETING		0	0	0	192.05
192.06	19206	CARLE CLINIC		0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM		11	0	11	192.07
192.08	19208	CARLE FOUNDATION #14-8077		0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439		0	0	0	192.09
192.10	19210	OTHER REL ENTITIES		0	0	0	192.10
192.11	19211	CASC PHARMACY		2	0	2	192.11
192.12	19212	SOUTH PARKING GARAGE		21	0	21	192.12
192.13	19213	PARISH NRSG		783	0	783	192.13
192.14	19214	COMM HLTH & WLNS		26,796	0	26,796	192.14
192.15	19215	MOBILE CLINIC		0	0	0	192.15
192.16	19216	PALLIATIVE CARE		839	0	839	192.16
192.17	19217	SMOKING CESSATION		0	0	0	192.17
192.18	19218	HRT DISEASE PRVT		0	0	0	192.18
192.19	19219	STRATUM		0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT		157	0	157	193.01
193.02	19302	TELEMEDICINE		62,924	0	62,924	193.02
193.04	19304	NORTH GARAGE		340	0	340	193.04
193.05	19305	HOME INFUSION		19,247	0	19,247	193.05
193.06	19306	MISSION RELATED		0	0	0	193.06
193.07	19307	GRANT RELATED		150,473	0	150,473	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES		18,685	0	18,685	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN		1,906	0	1,906	193.10
193.11	19309	RELATED PARTY THERAPY		189	0	189	193.11
193.12	19310	RELATED PARTY PHARMACY		2,103	0	2,103	193.12
193.13	19311	RELATED PARTY PHARMACISTS		86	0	86	193.13
193.14	19312	RETAIL PHARM		25,975	0	25,975	193.14
193.15	19313	RELATED PARTY DIETITIANS		14	0	14	193.15
193.16	19314	RELATED PARTY LABORATORY		698	0	698	193.16
193.17	19315	RELATED PARTY RADIOLOGY		0	0	0	193.17
193.18	19316	RELATED PARTY RHC		0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION		462	0	462	194.00
200.00		Cross Foot Adjustments	3,655	357	34,170	0	34,170
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,655	357	19,576,812	0	19,576,812

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FE ET)	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	1,966,617					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		18,466,095				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	271,450,606			4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	0	5.03
5.04	00570	ADMITTING	3,953	194,328	5,218,534	0	0	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	3,829	154,282	411,330	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	81,835	221,306	13,471,175	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	826,258	0	5,383,465	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,542	0	7,541,268	0	0	9.00
10.00	01000	DIETARY	17,890	0	3,740,477	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,425	249,801	2,640,057	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,497,974	0	0	14.00
15.00	01500	PHARMACY	0	654,752	7,285,581	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,700	4,319,061	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,635	4,988,274	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,285	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	30	0	387,129	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,115	1,001,043	48,862,918	0	0	30.00
31.01	03101	NEONATAL ICU	14,981	330,772	7,010,137	0	0	31.01
32.00	03200	CORONARY CARE UNIT	14,893	299,192	5,339,396	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,994	264,869	5,113,532	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	10,024	154,579	3,100,881	0	0	41.00
43.00	04300	NURSERY	4,774	21,301	1,159,934	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,223	2,905,114	9,725,856	0	0	50.00
51.00	05100	RECOVERY ROOM	4,181	12,596	1,673,243	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,793	115,992	4,471,729	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,055	4,669,929	14,435,098	0	0	54.00
57.00	05700	CT SCAN	4,063	163,923	2,319,355	0	0	57.00
58.00	05800	MRI	5,193	417,739	1,988,861	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,662	530,802	1,249,213	0	0	59.00
60.00	06000	LABORATORY	29,630	580,405	8,645,738	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,131	18,581	457,669	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,146	244,644	3,638,091	0	0	65.00
66.00	06600	PHYSICAL THERAPY	82,427	160,885	16,053,666	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,419	351,991	2,524,060	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	25,341	882,878	4,328,309	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	741	170,309	350,270	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	8,959	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,677	118,483	987,185	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,231	15,679	269,791	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	351,265	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	349,228	1,350,241	37,293,284	0	0	90.01
90.02	09002	HOME INFUSION	2,493	0	0	0	0	90.02
91.00	09100	EMERGENCY	25,628	1,194,674	6,371,775	0	0	91.00
91.01	09101	SLEEP LAB	5,882	46,083	781,522	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	16,465	649,289	2,886,473	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)				
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	90	76,162	8,069,552	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	90	653	3,154,086	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,943,576	18,236,612	262,497,214	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,255	289	68,287	0	0	190.00
191.00	19100	RESEARCH	0	531	1,507,436	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,349	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	1,005	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	181,755	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	116	0	81,630	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	25,010	154,140	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	515	303,736	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	61	61,768	1,509,101	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	2,929	1,369,261	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	8,256	126,809	3,182,346	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	11,632	401,432	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	422	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	171,505	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	21,336	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	8,004	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	41,804	18,002,490	-3,279,840	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.021257	0.974894	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVE NUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & 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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD	0					5.03
5.04	00570	ADMITTING	0	3,797,906,767				5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	1,000,000			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	1,000,000	-265,294,523	650,603,005	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	20,284,808	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9,976,820	9.00
10.00	01000	DIETARY	0	0	0	0	6,412,307	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	5,114,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	5,958,380	14.00
15.00	01500	PHARMACY	0	0	0	0	10,630,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,530,089	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,448,431	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5,109,555	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	521,146	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	374,791,027	0	0	74,760,797	30.00
31.01	03101	NEONATAL ICU	0	36,000,600	0	0	10,300,730	31.01
32.00	03200	CORONARY CARE UNIT	0	38,639,212	0	0	8,776,953	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	43,047,723	0	0	9,026,928	34.00
41.00	04100	SUBPROVIDER - IRF	0	18,486,854	0	0	4,279,612	41.00
43.00	04300	NURSERY	0	33,209,524	0	0	1,970,478	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	162,727,658	0	0	34,757,781	50.00
51.00	05100	RECOVERY ROOM	0	20,697,939	0	0	2,224,684	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,642,503	0	0	7,080,378	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	256,201,409	0	0	29,334,252	54.00
57.00	05700	CT SCAN	0	224,692,833	0	0	5,333,097	57.00
58.00	05800	MRI	0	89,791,051	0	0	5,032,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	60,266,335	0	0	2,984,047	59.00
60.00	06000	LABORATORY	0	447,808,622	0	0	26,134,136	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	28,213,746	0	0	3,439,580	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	98,255,233	0	0	7,644,284	65.00
66.00	06600	PHYSICAL THERAPY	0	87,025,504	0	0	21,239,021	66.00
69.00	06900	ELECTROCARDIOLOGY	0	82,207,093	0	0	4,552,189	69.00
69.01	03650	SPECIAL PROCEDURES	0	61,649,790	0	0	8,589,775	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,720,590	0	0	651,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	140,399,736	0	0	20,795,250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	137,722,185	0	0	21,435,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	556,599,106	0	0	79,722,182	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,297,369	0	0	1,784,269	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,744,288	0	0	371,396	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	558,830	0	0	455,242	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	280,312,398	0	0	54,765,373	90.01
90.02	09002	HOME INFUSION	0	191,751,632	0	0	384,899	90.02
91.00	09100	EMERGENCY	0	193,917,914	0	0	17,098,251	91.00
91.01	09101	SLEEP LAB	0	8,554,591	0	0	1,255,589	91.01
91.02	09102	BRONCH & GASTRO LAB	0	57,304,858	0	0	7,190,696	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVE NUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	11,563,701	0	0	10,875,755	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	14,104,913	0	0	7,754,864	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,797,906,767	1,000,000	-265,294,523	568,988,943	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	109,521	190.00
191.00	19100	RESEARCH	0	0	0	0	2,066,813	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	29	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	6,342	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	31,650	192.12
192.13	19213	PARISH NRSG	0	0	0	0	117,483	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	3,558,135	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	404,756	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	231,032	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	2,477,303	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	501,290	193.04
193.05	19305	HOME INFUSION	0	0	0	0	24,156,248	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	5,508,392	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	907,621	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,008,548	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	279,441	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	759,603	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	126,918	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	38,311,277	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	21,336	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	1,030,154	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	170	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	7,620,904	241,690,266		265,294,523	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.002007	241.690266		0.407767	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	189,533	178,647		440,981	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000050	0.178647		0.000678	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	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	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	1,052,353				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,074,918			8.00
9.00	00900	HOUSEKEEPING	0	5,542	0	1,046,811		9.00
10.00	01000	DIETARY	0	17,890	0	17,890	1,242,546	10.00
11.00	01100	CAFETERIA	0	0	0	0	685,999	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,425	0	4,425	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,315	0	3,315	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	186,115	761,298	186,115	477,918	30.00
31.01	03101	NEONATAL ICU	0	14,981	39,088	14,981	0	31.01
32.00	03200	CORONARY CARE UNIT	0	14,893	56,031	14,893	25,761	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	14,994	55,426	14,994	27,915	34.00
41.00	04100	SUBPROVIDER - IRF	0	10,024	34,012	10,024	24,953	41.00
43.00	04300	NURSERY	0	4,774	46,402	4,774	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,223	137,434	54,223	0	50.00
51.00	05100	RECOVERY ROOM	0	4,181	23,039	4,181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,793	72,679	21,793	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,055	155,260	78,055	0	54.00
57.00	05700	CT SCAN	0	4,063	39,176	4,063	0	57.00
58.00	05800	MRI	0	5,193	4,230	5,193	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,662	33,541	3,662	0	59.00
60.00	06000	LABORATORY	0	29,630	84	29,630	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,131	0	1,131	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	8,146	0	8,146	0	65.00
66.00	06600	PHYSICAL THERAPY	0	82,427	120,467	82,427	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,419	30,098	6,419	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	25,341	28,686	25,341	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	741	2,048	741	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	8,959	0	8,959	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	11,677	16,254	11,677	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,231	0	5,231	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	349,228	96,963	349,228	0	90.01
90.02	09002	HOME INFUSION	0	2,493	0	2,493	0	90.02
91.00	09100	EMERGENCY	0	25,628	267,225	25,628	0	91.00
91.01	09101	SLEEP LAB	0	5,882	10,317	5,882	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	16,465	45,160	16,465	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	90	0	90	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	90	0	90	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,027,701	2,074,918	1,022,159	1,242,546	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,255	0	5,255	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	1,349	0	1,349	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	116	0	116	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	1,611	0	1,611	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	61	0	61	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	8,256	0	8,256	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	8,004	0	8,004	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	28,556,283	0	14,195,424	9,755,091	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	27.135650	0.000000	13.560637	7.850889	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	31,318	0	7,047	5,380	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.029760	0.000000	0.006732	0.004330	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	322,636					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,809	0	1,983,180			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,102	0	0	41,672,656		14.00
15.00	01500	PHARMACY	8,782	0	0	0	79,205,222	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,947	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,189	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	372	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,945	0	1,413,259	0	0	30.00
31.01	03101	NEONATAL ICU	7,965	0	165,666	0	0	31.01
32.00	03200	CORONARY CARE UNIT	7,154	0	148,801	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,315	0	131,359	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	3,922	0	0	0	0	41.00
43.00	04300	NURSERY	1,430	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,069	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,924	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,484	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,014	0	0	0	0	54.00
57.00	05700	CT SCAN	2,917	0	0	0	0	57.00
58.00	05800	MRI	2,397	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,497	0	0	0	0	59.00
60.00	06000	LABORATORY	15,326	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	642	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,624	0	96,177	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,680	0	0	0	47,049	66.00
69.00	06900	ELECTROCARDIOLOGY	3,591	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	5,381	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	460	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,513,468	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,159,188	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	78,606,395	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,102	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	568	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	375	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	65,716	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	8,015	0	0	0	0	91.00
91.01	09101	SLEEP LAB	1,258	0	26,177	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	3,838	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	2,364	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	355,153	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,810	0	1,981,439	41,672,656	79,010,961	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	98	0	0	0	0	190.00
191.00	19100	RESEARCH	2,068	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	820	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	204	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	84	0	1,741	0	0	192.13
192.14	19214	COMM HLTH & WLNS	192	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	427	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,767	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	1,502	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	3,890	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	593	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	1	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	193,441	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,385,702	0	7,427,336	8,556,642	15,112,426	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.692812	0.000000	3.745165	0.205330	0.190801	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,970	0	247,763	4,133	650,322	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009205	0.000000	0.124932	0.000099	0.008211	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,797,906,767					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		332		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			332	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	374,791,027	0	0	300	300	30.00
31.01	03101	NEONATAL ICU	36,000,600	0	0	20	20	31.01
32.00	03200	CORONARY CARE UNIT	38,639,212	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	43,047,723	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	18,486,854	0	0	0	0	41.00
43.00	04300	NURSERY	33,209,524	0	0	10	10	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	162,727,658	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	20,697,939	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,642,503	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	256,201,409	0	0	0	0	54.00
57.00	05700	CT SCAN	224,692,833	0	0	0	0	57.00
58.00	05800	MRI	89,791,051	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,266,335	0	0	0	0	59.00
60.00	06000	LABORATORY	447,808,622	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	28,213,746	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	98,255,233	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	87,025,504	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	82,207,093	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	61,649,790	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,720,590	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	140,399,736	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	137,722,185	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	556,599,106	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,297,369	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,744,288	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	558,830	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	280,312,398	0	0	0	0	90.01
90.02	09002	HOME INFUSION	191,751,632	0	0	0	0	90.02
91.00	09100	EMERGENCY	193,917,914	0	0	2	2	91.00
91.01	09101	SLEEP LAB	8,554,591	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	57,304,858	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	11,563,701	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	14,104,913	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,797,906,767	0	332	332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,325,502	0	9,214,585	7,327,972	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002455	0.000000	27,754.774096	22,072.204819	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,057	0	30,158	3,655	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000003	0.000000	90.837349	11.009036	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
			23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NON-PATIENT TELEPHONE		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	FOUNDATION OVERHEAD		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	274	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.01	03101	NEONATAL ICU	0	31.01
32.00	03200	CORONARY CARE UNIT	69	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	95	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	69.01
69.02	06901	CARDIAC REHAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	WOUND CARE	0	75.01
76.00	03950	ACUTE DIALYSIS	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	CLINICS	0	90.01
90.02	09002	HOME INFUSION	2	90.02
91.00	09100	EMERGENCY	108	91.00
91.01	09101	SLEEP LAB	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	91.02
91.03	09103	SURGICENTER	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
			23.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	192.01
192.02	19202	RURAL HEALTH	0	192.02
192.03	19203	ARBOURS RX	0	192.03
192.04	19204	FUND DEVELOPMENT	0	192.04
192.05	19205	MARKETING	0	192.05
192.06	19206	CARLE CLINIC	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	192.09
192.10	19210	OTHER REL ENTITIES	0	192.10
192.11	19211	CASC PHARMACY	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	192.12
192.13	19213	PARISH NRSG	0	192.13
192.14	19214	COMM HLTH & WLNS	0	192.14
192.15	19215	MOBILE CLINIC	0	192.15
192.16	19216	PALLIATIVE CARE	0	192.16
192.17	19217	SMOKING CESSATION	0	192.17
192.18	19218	HRT DISEASE PRVT	0	192.18
192.19	19219	STRATUM	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	193.01
193.02	19302	TELEMEDICINE	0	193.02
193.04	19304	NORTH GARAGE	0	193.04
193.05	19305	HOME INFUSION	0	193.05
193.06	19306	MISSION RELATED	0	193.06
193.07	19307	GRANT RELATED	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	193.13
193.14	19312	RETAIL PHARM	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	193.17
193.18	19316	RELATED PARTY RHC	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	739,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,700.226277	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	357	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.302920	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	123,919,244		123,919,244	0	123,919,244	30.00	
31.01	03101	NEONATAL ICU	15,952,485		15,952,485	0	15,952,485	31.01	
32.00	03200	CORONARY CARE UNIT	14,122,121		14,122,121	12,113	14,134,234	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,240,227		14,240,227	23,988	14,264,215	34.00	
41.00	04100	SUBPROVIDER - IRF	6,739,394		6,739,394	2,603	6,741,997	41.00	
43.00	04300	NURSERY	3,073,658		3,073,658	0	3,073,658	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	52,028,399		52,028,399	80	52,028,479	50.00	
51.00	05100	RECOVERY ROOM	3,384,918		3,384,918	0	3,384,918	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,011,366		11,011,366	92,169	11,103,535	52.00	
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,435,405		45,435,405	39,126	45,474,531	54.00	
57.00	05700	CT SCAN	8,273,421		8,273,421	0	8,273,421	57.00	
58.00	05800	MRI	7,555,877		7,555,877	0	7,555,877	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,522,816		4,522,816	15,291	4,538,107	59.00	
60.00	06000	LABORATORY	39,351,809		39,351,809	44,548	39,396,357	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,968,136		4,968,136	0	4,968,136	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	11,771,487	0	11,771,487	0	11,771,487	65.00	
66.00	06600	PHYSICAL THERAPY	33,805,206	0	33,805,206	8,792	33,813,998	66.00	
69.00	06900	ELECTROCARDIOLOGY	6,931,413		6,931,413	0	6,931,413	69.00	
69.01	03650	SPECIAL PROCEDURES	13,364,861		13,364,861	0	13,364,861	69.01	
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	969,086		969,086	0	969,086	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,831,578		33,831,578	0	33,831,578	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,859,045		34,859,045	0	34,859,045	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	128,961,204		128,961,204	0	128,961,204	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	3,023,356		3,023,356	0	3,023,356	75.00	
75.01	07501	WOUND CARE	0		0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	749,486		749,486	0	749,486	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	648,507		648,507	0	648,507	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	93,094,320		93,094,320	0	93,094,320	90.01	
90.02	09002	HOME INFUSION	1,119,454		1,119,454	0	1,119,454	90.02	
91.00	09100	EMERGENCY	26,014,804		26,014,804	0	26,014,804	91.00	
91.01	09101	SLEEP LAB	2,146,992		2,146,992	4,957	2,151,949	91.01	
91.02	09102	BRONCH & GASTRO LAB	10,997,639		10,997,639	0	10,997,639	91.02	
91.03	09103	SURGICENTER	0		0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,460,387		15,460,387	0	15,460,387	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
101.00	10100	HOME HEALTH AGENCY	15,343,031		15,343,031		15,343,031	101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	11,023,096		11,023,096		11,023,096	116.00	
200.00		Subtotal (see instructions)	798,694,228	0	798,694,228	243,667	798,937,895	200.00	
201.00		Less Observation Beds	15,460,387		15,460,387		15,460,387	201.00	
202.00		Total (see instructions)	783,233,841	0	783,233,841	243,667	783,477,508	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	294,834,880		294,834,880		30.00
31.01	03101	NEONATAL ICU	36,000,600		36,000,600		31.01
32.00	03200	CORONARY CARE UNIT	38,639,212		38,639,212		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	43,047,723		43,047,723		34.00
41.00	04100	SUBPROVIDER - IRF	18,486,854		18,486,854		41.00
43.00	04300	NURSERY	33,209,524		33,209,524		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,460,103	68,267,555	162,727,658	0.319727	0.000000
51.00	05100	RECOVERY ROOM	11,138,181	9,559,758	20,697,939	0.163539	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,923,683	3,718,820	26,642,503	0.413301	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,293,203	219,908,206	256,201,409	0.177343	0.000000
57.00	05700	CT SCAN	82,456,787	142,236,046	224,692,833	0.036821	0.000000
58.00	05800	MRI	19,894,316	69,896,735	89,791,051	0.084150	0.000000
59.00	05900	CARDIAC CATHETERIZATION	35,039,119	25,227,216	60,266,335	0.075047	0.000000
60.00	06000	LABORATORY	152,112,753	295,695,869	447,808,622	0.087876	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,064,120	6,149,626	28,213,746	0.176089	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	92,959,941	5,295,292	98,255,233	0.119805	0.000000
66.00	06600	PHYSICAL THERAPY	30,901,925	56,123,579	87,025,504	0.388452	0.000000
69.00	06900	ELECTROCARDIOLOGY	36,977,758	45,229,335	82,207,093	0.084316	0.000000
69.01	03650	SPECIAL PROCEDURES	23,323,355	38,326,435	61,649,790	0.216787	0.000000
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	4,346,570	1,374,020	5,720,590	0.169403	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,332,129	56,067,607	140,399,736	0.240966	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,108,745	52,613,440	137,722,185	0.253111	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	190,027,482	366,571,624	556,599,106	0.231695	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	7,297,369	7,297,369	0.414308	0.000000
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	2,051	1,742,237	1,744,288	0.429680	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	540,720	18,110	558,830	1.160473	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	2,377,677	277,934,721	280,312,398	0.332109	0.000000
90.02	09002	HOME INFUSION	0	191,751,632	191,751,632	0.005838	0.000000
91.00	09100	EMERGENCY	55,686,661	138,231,253	193,917,914	0.134154	0.000000
91.01	09101	SLEEP LAB	6,045	8,548,546	8,554,591	0.250975	0.000000
91.02	09102	BRONCH & GASTRO LAB	13,377,649	43,927,209	57,304,858	0.191915	0.000000
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,572,350	74,383,797	79,956,147	0.193361	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	11,563,701	11,563,701		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	14,104,913	14,104,913		116.00
200.00		Subtotal (see instructions)	1,566,142,116	2,231,764,651	3,797,906,767		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,566,142,116	2,231,764,651	3,797,906,767		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.01	03101	NEONATAL ICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.319727			50.00
51.00	05100	RECOVERY ROOM	0.163539			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.416760			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.177495			54.00
57.00	05700	CT SCAN	0.036821			57.00
58.00	05800	MRI	0.084150			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075301			59.00
60.00	06000	LABORATORY	0.087976			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.176089			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.119805			65.00
66.00	06600	PHYSICAL THERAPY	0.388553			66.00
69.00	06900	ELECTROCARDIOLOGY	0.084316			69.00
69.01	03650	SPECIAL PROCEDURES	0.216787			69.01
69.02	06901	CARDIAC REHAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169403			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.240966			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253111			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231695			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.414308			75.00
75.01	07501	WOUND CARE	0.000000			75.01
76.00	03950	ACUTE DIALYSIS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.429680			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.160473			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICS	0.332109			90.01
90.02	09002	HOME INFUSION	0.005838			90.02
91.00	09100	EMERGENCY	0.134154			91.00
91.01	09101	SLEEP LAB	0.251555			91.01
91.02	09102	BRONCH & GASTRO LAB	0.191915			91.02
91.03	09103	SURGICENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.193361			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XIX		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs	
						RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	138,867,338		138,867,338	0	138,867,338	30.00	
31.01	03101	NEONATAL ICU	16,949,024		16,949,024	0	16,949,024	31.01	
32.00	03200	CORONARY CARE UNIT	14,122,121		14,122,121	12,113	14,134,234	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,240,227		14,240,227	23,988	14,264,215	34.00	
41.00	04100	SUBPROVIDER - IRF	6,739,394		6,739,394	2,603	6,741,997	41.00	
43.00	04300	NURSERY	3,571,928		3,571,928	0	3,571,928	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	52,028,399		52,028,399	80	52,028,479	50.00	
51.00	05100	RECOVERY ROOM	3,384,918		3,384,918	0	3,384,918	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,011,366		11,011,366	92,169	11,103,535	52.00	
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,435,405		45,435,405	39,126	45,474,531	54.00	
57.00	05700	CT SCAN	8,273,421		8,273,421	0	8,273,421	57.00	
58.00	05800	MRI	7,555,877		7,555,877	0	7,555,877	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,522,816		4,522,816	15,291	4,538,107	59.00	
60.00	06000	LABORATORY	39,351,809		39,351,809	44,548	39,396,357	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,968,136		4,968,136	0	4,968,136	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	11,771,487	0	11,771,487	0	11,771,487	65.00	
66.00	06600	PHYSICAL THERAPY	33,805,206	0	33,805,206	8,792	33,813,998	66.00	
69.00	06900	ELECTROCARDIOLOGY	6,931,413		6,931,413	0	6,931,413	69.00	
69.01	03650	SPECIAL PROCEDURES	13,364,861		13,364,861	0	13,364,861	69.01	
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	969,086		969,086	0	969,086	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,831,578		33,831,578	0	33,831,578	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,859,045		34,859,045	0	34,859,045	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	128,961,204		128,961,204	0	128,961,204	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	3,023,356		3,023,356	0	3,023,356	75.00	
75.01	07501	WOUND CARE	0		0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	749,486		749,486	0	749,486	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	648,507		648,507	0	648,507	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	93,094,320		93,094,320	0	93,094,320	90.01	
90.02	09002	HOME INFUSION	1,119,454		1,119,454	0	1,119,454	90.02	
91.00	09100	EMERGENCY	26,114,458		26,114,458	0	26,114,458	91.00	
91.01	09101	SLEEP LAB	2,146,992		2,146,992	4,957	2,151,949	91.01	
91.02	09102	BRONCH & GASTRO LAB	10,997,639		10,997,639	0	10,997,639	91.02	
91.03	09103	SURGICENTER	0		0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,325,270		17,325,270	0	17,325,270	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
101.00	10100	HOME HEALTH AGENCY	15,343,031		15,343,031		15,343,031	101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	11,023,096		11,023,096		11,023,096	116.00	
200.00		Subtotal (see instructions)	817,101,668	0	817,101,668	243,667	817,345,335	200.00	
201.00		Less Observation Beds	17,325,270		17,325,270		17,325,270	201.00	
202.00		Total (see instructions)	799,776,398	0	799,776,398	243,667	800,020,065	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.01	03101	NEONATAL ICU	0		0			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	0.000000	0.000000	90.01
90.02	09002	HOME INFUSION	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
91.01	09101	SLEEP LAB	0	0	0	0.000000	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0.000000	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.01	03101	NEONATAL ICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03650	SPECIAL PROCEDURES	0.000000			69.01
69.02	06901	CARDIAC REHAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	WOUND CARE	0.000000			75.01
76.00	03950	ACUTE DIALYSIS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	CLINICS	0.000000			90.01
90.02	09002	HOME INFUSION	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	SLEEP LAB	0.000000			91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000			91.02
91.03	09103	SURGICENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,028,399	2,961,598	49,066,801	0	0
51.00	05100	RECOVERY ROOM	3,384,918	15,144	3,369,774	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,011,366	121,116	10,890,250	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,435,405	4,606,709	40,828,696	0	0
57.00	05700	CT SCAN	8,273,421	267,634	8,005,787	0	0
58.00	05800	MRI	7,555,877	415,744	7,140,133	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,522,816	531,131	3,991,685	0	0
60.00	06000	LABORATORY	39,351,809	612,568	38,739,241	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,968,136	22,015	4,946,121	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	11,771,487	544,248	11,227,239	0	0
66.00	06600	PHYSICAL THERAPY	33,805,206	240,038	33,565,168	0	0
69.00	06900	ELECTROCARDIOLOGY	6,931,413	351,000	6,580,413	0	0
69.01	03650	SPECIAL PROCEDURES	13,364,861	894,654	12,470,207	0	0
69.02	06901	CARDIAC REHAB	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	969,086	166,825	802,261	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,831,578	23,571	33,808,007	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,859,045	23,934	34,835,111	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	128,961,204	727,650	128,233,554	0	0
75.00	07500	ASC (NON-DISTINCT PART)	3,023,356	117,790	2,905,566	0	0
75.01	07501	WOUND CARE	0	0	0	0	0
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	749,486	15,936	733,550	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	648,507	342	648,165	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	93,094,320	1,464,516	91,629,804	0	0
90.02	09002	HOME INFUSION	1,119,454	10,568	1,108,886	0	0
91.00	09100	EMERGENCY	26,114,458	1,217,510	24,896,948	0	0
91.01	09101	SLEEP LAB	2,146,992	60,328	2,086,664	0	0
91.02	09102	BRONCH & GASTRO LAB	10,997,639	644,248	10,353,391	0	0
91.03	09103	SURGICENTER	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,325,270	212,061	17,113,209	0	0
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	15,343,031	82,442	15,260,589	0	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	11,023,096	9,564	11,013,532	0	0
200.00		Subtotal (sum of lines 50 thru 199)	622,611,636	16,360,884	606,250,752	0	0
201.00		Less Observation Beds	17,325,270	212,061	17,113,209	0	0
202.00		Total (line 200 minus line 201)	605,286,366	16,148,823	589,137,543	0	0

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

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	52,028,399	162,727,658	0.319727		50.00
51.00	05100 RECOVERY ROOM	3,384,918	20,697,939	0.163539		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,011,366	26,642,503	0.413301		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	45,435,405	256,201,409	0.177343		54.00
57.00	05700 CT SCAN	8,273,421	224,692,833	0.036821		57.00
58.00	05800 MRI	7,555,877	89,791,051	0.084150		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,522,816	60,266,335	0.075047		59.00
60.00	06000 LABORATORY	39,351,809	447,808,622	0.087876		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,968,136	28,213,746	0.176089		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	11,771,487	98,255,233	0.119805		65.00
66.00	06600 PHYSICAL THERAPY	33,805,206	87,025,504	0.388452		66.00
69.00	06900 ELECTROCARDIOLOGY	6,931,413	82,207,093	0.084316		69.00
69.01	03650 SPECIAL PROCEDURES	13,364,861	61,649,790	0.216787		69.01
69.02	06901 CARDIAC REHAB	0	0	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	969,086	5,720,590	0.169403		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,831,578	140,399,736	0.240966		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,859,045	137,722,185	0.253111		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	128,961,204	556,599,106	0.231695		73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,023,356	7,297,369	0.414308		75.00
75.01	07501 WOUND CARE	0	0	0.000000		75.01
76.00	03950 ACUTE DIALYSIS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	749,486	1,744,288	0.429680		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	648,507	558,830	1.160473		76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICS	93,094,320	280,312,398	0.332109		90.01
90.02	09002 HOME INFUSION	1,119,454	191,751,632	0.005838		90.02
91.00	09100 EMERGENCY	26,114,458	193,917,914	0.134668		91.00
91.01	09101 SLEEP LAB	2,146,992	8,554,591	0.250975		91.01
91.02	09102 BRONCH & GASTRO LAB	10,997,639	57,304,858	0.191915		91.02
91.03	09103 SURGICENTER	0	0	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	17,325,270	79,956,147	0.216685		92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	15,343,031	11,563,701	1.326827		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	11,023,096	14,104,913	0.781508		116.00
200.00	Subtotal (sum of lines 50 thru 199)	622,611,636	3,333,687,974			200.00
201.00	Less Observation Beds	17,325,270	0			201.00
202.00	Total (line 200 minus line 201)	605,286,366	3,333,687,974			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,699,770	0	1,699,770	105,465	16.12	30.00
31.01	NEONATAL ICU	364,756		364,756	4,093	89.12	31.01
32.00	CORONARY CARE UNIT	359,445		359,445	5,801	61.96	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	391,461		391,461	6,286	62.28	34.00
41.00	SUBPROVIDER - IRF	238,247	0	238,247	5,619	42.40	41.00
43.00	NURSERY	25,753		25,753	9,821	2.62	43.00
200.00	Total (lines 30 through 199)	3,079,432		3,079,432	137,085		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	28,100	452,972				30.00
31.01	NEONATAL ICU	0	0				31.01
32.00	CORONARY CARE UNIT	1,567	97,091				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,697	105,689				34.00
41.00	SUBPROVIDER - IRF	2,014	85,394				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	33,378	741,146				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/8/2021 2:13 pm		
				Title XVIII		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	2,961,598	162,727,658	0.018200	21,810,225	396,946	50.00
51.00	05100	RECOVERY ROOM	15,144	20,697,939	0.000732	2,647,730	1,938	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,116	26,642,503	0.004546	2,791,108	12,688	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,606,709	256,201,409	0.017981	10,375,397	186,560	54.00
57.00	05700	CT SCAN	267,634	224,692,833	0.001191	23,383,685	27,850	57.00
58.00	05800	MRI	415,744	89,791,051	0.004630	5,222,502	24,180	58.00
59.00	05900	CARDIAC CATHETERIZATION	531,131	60,266,335	0.008813	10,173,572	89,660	59.00
60.00	06000	LABORATORY	612,568	447,808,622	0.001368	43,577,371	59,614	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,015	28,213,746	0.000780	6,293,122	4,909	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	544,248	98,255,233	0.005539	24,841,407	137,597	65.00
66.00	06600	PHYSICAL THERAPY	240,038	87,025,504	0.002758	6,100,996	16,827	66.00
69.00	06900	ELECTROCARDIOLOGY	351,000	82,207,093	0.004270	11,756,473	50,200	69.00
69.01	03650	SPECIAL PROCEDURES	894,654	61,649,790	0.014512	6,665,854	96,735	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	166,825	5,720,590	0.029162	922,733	26,909	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,571	140,399,736	0.000168	23,950,251	4,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,934	137,722,185	0.000174	25,727,576	4,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	727,650	556,599,106	0.001307	55,873,723	73,027	73.00
75.00	07500	ASC (NON-DISTINCT PART)	117,790	7,297,369	0.016141	0	0	75.00
75.01	07501	WOUND CARE	0	0	0.000000	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,936	1,744,288	0.009136	2,051	19	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	342	558,830	0.000612	117,493	72	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	1,464,516	280,312,398	0.005225	603,313	3,152	90.01
90.02	09002	HOME INFUSION	10,568	191,751,632	0.000055	0	0	90.02
91.00	09100	EMERGENCY	1,217,510	193,917,914	0.006278	15,091,095	94,742	91.00
91.01	09101	SLEEP LAB	60,328	8,554,591	0.007052	1,443	10	91.01
91.02	09102	BRONCH & GASTRO LAB	644,248	57,304,858	0.011242	4,262,292	47,917	91.02
91.03	09103	SURGICENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	212,070	79,956,147	0.002652	2,221,126	5,890	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	16,268,887	3,308,019,360		304,412,538	1,365,943	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/8/2021 2:13 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	186,316	0	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	186,316	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	105,465	0.00	28,100	30.00			
31.01	03101	NEONATAL ICU		0	4,093	0.00	0	31.01			
32.00	03200	CORONARY CARE UNIT		186,316	5,801	32.12	1,567	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	6,286	0.00	1,697	34.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,619	0.00	2,014	41.00			
43.00	04300	NURSERY		0	9,821	0.00	0	43.00			
200.00		Total (lines 30 through 199)		186,316	137,085		33,378	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
31.01	03101	NEONATAL ICU	0								31.01
32.00	03200	CORONARY CARE UNIT	50,332								32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	50,332								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	256,521	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	5,400	90.02
91.00	09100	EMERGENCY	0	0	0	0	291,625	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	553,546	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	256,521	256,521	162,727,658	0.001576	50.00
51.00	05100	RECOVERY ROOM	0	0	0	20,697,939	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,642,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	256,201,409	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	224,692,833	0.000000	57.00
58.00	05800	MRI	0	0	0	89,791,051	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	60,266,335	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	447,808,622	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	28,213,746	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	98,255,233	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	87,025,504	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	82,207,093	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	61,649,790	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,720,590	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	140,399,736	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137,722,185	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	556,599,106	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	7,297,369	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,744,288	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	558,830	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	0	0	0	280,312,398	0.000000	90.01
90.02	09002	HOME INFUSION	0	5,400	5,400	191,751,632	0.000028	90.02
91.00	09100	EMERGENCY	0	291,625	291,625	193,917,914	0.001504	91.00
91.01	09101	SLEEP LAB	0	0	0	8,554,591	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	57,304,858	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	79,956,147	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	553,546	553,546	3,308,019,360		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/8/2021 2:13 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.001576	21,810,225	34,373	13,509,584	21,291	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,647,730	0	1,724,810	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	2,791,108	0	234,456	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,375,397	0	35,022,916	0	54.00
57.00	05700	CT SCAN	0.000000	23,383,685	0	27,880,552	0	57.00
58.00	05800	MRI	0.000000	5,222,502	0	10,117,494	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	10,173,572	0	7,828,877	0	59.00
60.00	06000	LABORATORY	0.000000	43,577,371	0	24,856,970	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	6,293,122	0	705,351	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	24,841,407	0	816,669	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,100,996	0	1,964,061	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	11,756,473	0	9,597,662	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.000000	6,665,854	0	8,773,779	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	922,733	0	233,679	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	23,950,251	0	11,586,359	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,727,576	0	16,806,947	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	55,873,723	0	96,789,002	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	1,498,057	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	2,051	0	433,407	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	117,493	0	2,337	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	0.000000	603,313	0	37,739,741	0	90.01
90.02	09002	HOME INFUSION	0.000028	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.001504	15,091,095	22,697	13,436,099	20,208	91.00
91.01	09101	SLEEP LAB	0.000000	1,443	0	1,290,657	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000	4,262,292	0	8,202,168	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,221,126	0	9,058,728	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		304,412,538	57,070	340,110,362	41,499	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/8/2021 2:13 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.319727	13,509,584	0	0	4,319,379	50.00
51.00	05100	RECOVERY ROOM		0.163539	1,724,810	0	2	282,074	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.413301	234,456	0	2	96,901	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.177343	35,022,916	0	34	6,211,069	54.00
57.00	05700	CT SCAN		0.036821	27,880,552	0	0	1,026,590	57.00
58.00	05800	MRI		0.084150	10,117,494	0	0	851,387	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.075047	7,828,877	0	0	587,534	59.00
60.00	06000	LABORATORY		0.087876	24,856,970	6,372	0	2,184,331	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.176089	705,351	0	0	124,205	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.119805	816,669	0	0	97,841	65.00
66.00	06600	PHYSICAL THERAPY		0.388452	1,964,061	0	0	762,943	66.00
69.00	06900	ELECTROCARDIOLOGY		0.084316	9,597,662	0	0	809,236	69.00
69.01	03650	SPECIAL PROCEDURES		0.216787	8,773,779	0	0	1,902,041	69.01
69.02	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.169403	233,679	0	0	39,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.240966	11,586,359	317	0	2,791,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.253111	16,806,947	0	0	4,254,023	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.231695	96,789,002	4,128	538,327	22,425,528	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.414308	1,498,057	105	0	620,657	75.00
75.01	07501	WOUND CARE		0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.429680	433,407	0	0	186,226	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		1.160473	2,337	0	0	2,712	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS		0.332109	37,739,741	3	13,016	12,533,708	90.01
90.02	09002	HOME INFUSION		0.005838	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.134154	13,436,099	0	383	1,802,506	91.00
91.01	09101	SLEEP LAB		0.250975	1,290,657	0	0	323,923	91.01
91.02	09102	BRONCH & GASTRO LAB		0.191915	8,202,168	0	0	1,574,119	91.02
91.03	09103	SURGICENTER		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.193361	9,058,728	0	46	1,751,605	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)			340,110,362	10,925	551,810	67,562,043	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			340,110,362	10,925	551,810	67,562,043	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/8/2021 2:13 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6					54.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	560	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	03650	SPECIAL PROCEDURES	0	0					69.01
69.02	06901	CARDIAC REHAB	0	0					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	956	124,728					73.00
75.00	07500	ASC (NON-DISTINCT PART)	44	0					75.00
75.01	07501	WOUND CARE	0	0					75.01
76.00	03950	ACUTE DIALYSIS	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	1	4,323					90.01
90.02	09002	HOME INFUSION	0	0					90.02
91.00	09100	EMERGENCY	0	51					91.00
91.01	09101	SLEEP LAB	0	0					91.01
91.02	09102	BRONCH & GASTRO LAB	0	0					91.02
91.03	09103	SURGICENTER	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0					92.01
200.00		Subtotal (see instructions)	1,637	129,118					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	1,637	129,118					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 7/8/2021 2:13 pm	
				Component CCN: 14-T091					
				Title XVIII		Subprovider - IRF		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	2,961,598	162,727,658	0.018200	36,038	656	50.00	
51.00	05100	RECOVERY ROOM	15,144	20,697,939	0.000732	4,731	3	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,116	26,642,503	0.004546	56,933	259	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,606,709	256,201,409	0.017981	98,679	1,774	54.00	
57.00	05700	CT SCAN	267,634	224,692,833	0.001191	255,041	304	57.00	
58.00	05800	MRI	415,744	89,791,051	0.004630	13,562	63	58.00	
59.00	05900	CARDIAC CATHETERIZATION	531,131	60,266,335	0.008813	36,231	319	59.00	
60.00	06000	LABORATORY	612,568	447,808,622	0.001368	454,714	622	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,015	28,213,746	0.000780	45,564	36	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	544,248	98,255,233	0.005539	357,919	1,983	65.00	
66.00	06600	PHYSICAL THERAPY	240,038	87,025,504	0.002758	3,896,934	10,748	66.00	
69.00	06900	ELECTROCARDIOLOGY	351,000	82,207,093	0.004270	79,949	341	69.00	
69.01	03650	SPECIAL PROCEDURES	894,654	61,649,790	0.014512	49,454	718	69.01	
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	166,825	5,720,590	0.029162	4,212	123	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,571	140,399,736	0.000168	116,560	20	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,934	137,722,185	0.000174	46,785	8	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	727,650	556,599,106	0.001307	1,023,969	1,338	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	117,790	7,297,369	0.016141	0	0	75.00	
75.01	07501	WOUND CARE	0	0	0.000000	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	15,936	1,744,288	0.009136	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	342	558,830	0.000612	4,988	3	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	1,464,516	280,312,398	0.005225	2,242	12	90.01	
90.02	09002	HOME INFUSION	10,568	191,751,632	0.000055	0	0	90.02	
91.00	09100	EMERGENCY	1,217,510	193,917,914	0.006278	162,058	1,017	91.00	
91.01	09101	SLEEP LAB	60,328	8,554,591	0.007052	5	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	644,248	57,304,858	0.011242	1,203	14	91.02	
91.03	09103	SURGICENTER	0	0	0.000000	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	79,956,147	0.000000	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01	
200.00		Total (lines 50 through 199)	16,056,817	3,308,019,360		6,747,771	20,361	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/8/2021 2:13 pm	
				Title XVIII		Subprovider - IRF		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	256,521	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
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES		0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB		0	0	0	0	0	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	07501	WOUND CARE		0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		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
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS		0	0	0	0	0	90.01
90.02	09002	HOME INFUSION		0	0	0	0	5,400	90.02
91.00	09100	EMERGENCY		0	0	0	0	291,625	91.00
91.01	09101	SLEEP LAB		0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB		0	0	0	0	0	91.02
91.03	09103	SURGICENTER		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	553,546	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/8/2021 2:13 pm	
				Title XVIII		Subprovider - IRF		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		256,521	256,521	162,727,658	0.001576	50.00
51.00	05100	RECOVERY ROOM	0		0	0	20,697,939	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	26,642,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	256,201,409	0.000000	54.00
57.00	05700	CT SCAN	0		0	0	224,692,833	0.000000	57.00
58.00	05800	MRI	0		0	0	89,791,051	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	60,266,335	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	447,808,622	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	28,213,746	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0		0	0	98,255,233	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	87,025,504	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	82,207,093	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0		0	0	61,649,790	0.000000	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	5,720,590	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	140,399,736	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	137,722,185	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	556,599,106	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	7,297,369	0.000000	75.00
75.01	07501	WOUND CARE	0		0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	1,744,288	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	558,830	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0		0	0	280,312,398	0.000000	90.01
90.02	09002	HOME INFUSION	0		5,400	5,400	191,751,632	0.000028	90.02
91.00	09100	EMERGENCY	0		291,625	291,625	193,917,914	0.001504	91.00
91.01	09101	SLEEP LAB	0		0	0	8,554,591	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0		0	0	57,304,858	0.000000	91.02
91.03	09103	SURGICENTER	0		0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	79,956,147	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0		553,546	553,546	3,308,019,360		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/8/2021 2:13 pm	
				Title XVIII		Subprovider - IRF		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	0.001576	36,038	57	2	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	4,731	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	56,933	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	98,679	0	1,022	0	54.00	
57.00	05700	CT SCAN	0.000000	255,041	0	26	0	57.00	
58.00	05800	MRI	0.000000	13,562	0	7	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	36,231	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	454,714	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	45,564	0	1	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	357,919	0	807	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,896,934	0	830	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	79,949	0	3	0	69.00	
69.01	03650	SPECIAL PROCEDURES	0.000000	49,454	0	48	0	69.01	
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,212	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	116,560	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	46,785	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,023,969	0	1,628	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	3	0	75.00	
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	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	4,988	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0.000000	2,242	0	3,377	0	90.01	
90.02	09002	HOME INFUSION	0.000028	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.001504	162,058	244	17	0	91.00	
91.01	09101	SLEEP LAB	0.000000	5	0	0	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	0.000000	1,203	0	0	0	91.02	
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)		6,747,771	301	7,771	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0091

Period:

Worksheet D

Component CCN: 14-T091

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/8/2021 2:13 pm

Title XVIII

Subprovider -
IRF

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	0.319727	2	0	0	1	50.00
51.00	05100	RECOVERY ROOM	0.163539	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.413301	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.177343	1,022	0	0	181	54.00
57.00	05700	CT SCAN	0.036821	26	0	0	1	57.00
58.00	05800	MRI	0.084150	7	0	0	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075047	0	0	0	0	59.00
60.00	06000	LABORATORY	0.087876	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.176089	1	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.119805	807	0	0	97	65.00
66.00	06600	PHYSICAL THERAPY	0.388452	830	0	0	322	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084316	3	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.216787	48	0	0	10	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169403	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.240966	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253111	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231695	1,628	0	371	377	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.414308	3	0	0	1	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.429680	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.160473	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0.332109	3,377	0	0	1,122	90.01
90.02	09002	HOME INFUSION	0.005838	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.134154	17	0	0	2	91.00
91.01	09101	SLEEP LAB	0.250975	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.191915	0	0	0	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.193361	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		7,771	0	371	2,115	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		7,771	0	371	2,115	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/8/2021 2:13 pm		
			Title XVIII		Subprovider - IRF		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
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	03650	SPECIAL PROCEDURES	0	0					69.01
69.02	06901	CARDIAC REHAB	0	0					69.02
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	86					73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
75.01	07501	WOUND CARE	0	0					75.01
76.00	03950	ACUTE DIALYSIS	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICS	0	0					90.01
90.02	09002	HOME INFUSION	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	SLEEP LAB	0	0					91.01
91.02	09102	BRONCH & GASTRO LAB	0	0					91.02
91.03	09103	SURGICENTER	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0					92.01
200.00		Subtotal (see instructions)	0	86					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	86					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,699,770	0	1,699,770	105,465	16.12	30.00
31.01	NEONATAL ICU	364,756		364,756	4,093	89.12	31.01
32.00	CORONARY CARE UNIT	359,445		359,445	5,801	61.96	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	391,461		391,461	6,286	62.28	34.00
41.00	SUBPROVIDER - IRF	238,247	0	238,247	5,619	42.40	41.00
43.00	NURSERY	25,753		25,753	9,821	2.62	43.00
200.00	Total (lines 30 through 199)	3,079,432		3,079,432	137,085		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	7,756	125,027				30.00
31.01	NEONATAL ICU	344	30,657				31.01
32.00	CORONARY CARE UNIT	488	30,236				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	528	32,884				34.00
41.00	SUBPROVIDER - IRF	706	29,934				41.00
43.00	NURSERY	825	2,162				43.00
200.00	Total (lines 30 through 199)	10,647	250,900				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Title XIX		Hospital		PPS	
		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	2,961,598	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	15,144	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,116	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,606,709	0	0.000000	0	54.00
57.00	05700	CT SCAN	267,634	0	0.000000	0	57.00
58.00	05800	MRI	415,744	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	531,131	0	0.000000	0	59.00
60.00	06000	LABORATORY	612,568	0	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,015	0	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	544,248	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	240,038	0	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	351,000	0	0.000000	0	69.00
69.01	03650	SPECIAL PROCEDURES	894,654	0	0.000000	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	166,825	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,571	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,934	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	727,650	0	0.000000	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	117,790	0	0.000000	0	75.00
75.01	07501	WOUND CARE	0	0	0.000000	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	15,936	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	342	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICS	1,464,516	0	0.000000	0	90.01
90.02	09002	HOME INFUSION	10,568	0	0.000000	0	90.02
91.00	09100	EMERGENCY	1,217,510	0	0.000000	0	91.00
91.01	09101	SLEEP LAB	60,328	0	0.000000	0	91.01
91.02	09102	BRONCH & GASTRO LAB	644,248	0	0.000000	0	91.02
91.03	09103	SURGICENTER	0	0	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	212,061	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	92.01
200.00		Total (lines 50 through 199)	16,268,878	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0091		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/8/2021 2:13 pm		
					Title XIX		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	186,316	0	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	186,316	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	105,465	0.00	7,756	30.00			
31.01	03101	NEONATAL ICU		0	4,093	0.00	344	31.01			
32.00	03200	CORONARY CARE UNIT		186,316	5,801	32.12	488	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	6,286	0.00	528	34.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,619	0.00	706	41.00			
43.00	04300	NURSERY		0	9,821	0.00	825	43.00			
200.00		Total (lines 30 through 199)		186,316	137,085		10,647	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			
31.01	03101	NEONATAL ICU	0					31.01			
32.00	03200	CORONARY CARE UNIT	15,675					32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00			
41.00	04100	SUBPROVIDER - IRF	0					41.00			
43.00	04300	NURSERY	0					43.00			
200.00		Total (lines 30 through 199)	15,675					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Title XIX			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	256,521	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	5,400	90.02
91.00	09100	EMERGENCY	0	0	0	0	291,625	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	553,546	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/8/2021 2:13 pm

			Title XIX		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	256,521	256,521	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0	0	0	0	0.000000	90.01
90.02	09002	HOME INFUSION	0	5,400	5,400	0	0.000000	90.02
91.00	09100	EMERGENCY	0	291,625	291,625	0	0.000000	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	553,546	553,546	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	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	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.000000	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	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	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	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
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICS	0.000000	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101	SLEEP LAB	0.000000	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000	0	0	0	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
7/8/2021 2:13 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	105,465	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	105,465	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)	92,307	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)	28,100	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)	123,919,244	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)	123,919,244	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)	123,919,244	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)	1,174.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	33,016,938	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)	33,016,938	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
7/8/2021 2:13 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					
43.01	NEONATAL ICU	15,952,485	4,093	3,897.50	0	0
44.00	CORONARY CARE UNIT	14,134,234	5,801	2,436.52	1,567	3,818,027
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	14,264,215	6,286	2,269.20	1,697	3,850,832
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)					54,197,689
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					94,883,486
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					706,084
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,423,013
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,129,097
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					92,754,389
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					13,158
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,174.98
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,460,387

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
7/8/2021 2:13 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,699,770	123,919,244	0.013717	15,460,387	212,070	90.00
91.00	Nursing School cost	0	123,919,244	0.000000	15,460,387	0	91.00
92.00	Allied health cost	0	123,919,244	0.000000	15,460,387	0	92.00
93.00	All other Medical Education	0	123,919,244	0.000000	15,460,387	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Subprovider - IRF	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)		5,619	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,619	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)		5,619	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)		2,014	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)		6,741,997	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)		6,741,997	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)		6,741,997	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)		1,199.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,416,518	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)		2,416,518	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/8/2021 2:13 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					1,995,729	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,412,247	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)					85,394	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,662	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					106,056	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,306,191	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/8/2021 2:13 pm	
		Title XVIII		Subprovider - IRF		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	238,247	6,741,997	0.035338	0	0	90.00
91.00	Nursing School cost	0	6,741,997	0.000000	0	0	91.00
92.00	Allied health cost	0	6,741,997	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,741,997	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/8/2021 2:13 pm
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		105,465	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		105,465	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)		92,307	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)		7,756	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)		9,821	15.00
16.00	Nursery days (title V or XIX only)		825	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)		138,867,338	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)		138,867,338	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)		138,867,338	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)		1,316.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,212,403	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)		10,212,403	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,571,928	9,821	363.70	825	300,053	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	16,949,024	4,093	4,140.98	344	1,424,497	43.01
44.00	CORONARY CARE UNIT	14,134,234	5,801	2,436.52	488	1,189,022	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	14,264,215	6,286	2,269.20	528	1,198,138	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,324,113	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)					236,641	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					236,641	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,087,472	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					13,158	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,316.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					17,325,270	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,699,770	138,867,338	0.012240	17,325,270	212,061
91.00	Nursing School cost	0	138,867,338	0.000000	17,325,270	0
92.00	Allied health cost	0	138,867,338	0.000000	17,325,270	0
93.00	All other Medical Education	0	138,867,338	0.000000	17,325,270	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/8/2021 2:13 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		90,886,502	30.00
31.01	03101	NEONATAL ICU		0	31.01
32.00	03200	CORONARY CARE UNIT		11,555,625	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		12,920,726	34.00
41.00	04100	SUBPROVIDER - IRF		5,226,747	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.319727	21,810,225	50.00
51.00	05100	RECOVERY ROOM	0.163539	2,647,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.416760	2,791,108	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.177495	10,375,397	54.00
57.00	05700	CT SCAN	0.036821	23,383,685	57.00
58.00	05800	MRI	0.084150	5,222,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075301	10,173,572	59.00
60.00	06000	LABORATORY	0.087976	43,577,371	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.176089	6,293,122	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.119805	24,841,407	65.00
66.00	06600	PHYSICAL THERAPY	0.388553	6,100,996	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084316	11,756,473	69.00
69.01	03650	SPECIAL PROCEDURES	0.216787	6,665,854	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169403	922,733	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.240966	23,950,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253111	25,727,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231695	55,873,723	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.414308	0	75.00
75.01	07501	WOUND CARE	0.000000	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.429680	2,051	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.160473	117,493	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICS	0.332109	603,313	90.01
90.02	09002	HOME INFUSION	0.005838	0	90.02
91.00	09100	EMERGENCY	0.134154	15,091,095	91.00
91.01	09101	SLEEP LAB	0.251555	1,443	91.01
91.02	09102	BRONCH & GASTRO LAB	0.191915	4,262,292	91.02
91.03	09103	SURGICENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.193361	2,221,126	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		304,412,538	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)		304,412,538	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/8/2021 2:13 pm	
		Component CCN: 14-T091			
		Title XVIII	Subprovider - IRF	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
31.01	03101 NEONATAL ICU		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100 SUBPROVIDER - IRF		6,421,095		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.319727	36,038	11,522	50.00
51.00	05100 RECOVERY ROOM	0.163539	4,731	774	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.416760	56,933	23,727	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177495	98,679	17,515	54.00
57.00	05700 CT SCAN	0.036821	255,041	9,391	57.00
58.00	05800 MRI	0.084150	13,562	1,141	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075301	36,231	2,728	59.00
60.00	06000 LABORATORY	0.087976	454,714	40,004	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.176089	45,564	8,023	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.119805	357,919	42,880	65.00
66.00	06600 PHYSICAL THERAPY	0.388553	3,896,934	1,514,165	66.00
69.00	06900 ELECTROCARDIOLOGY	0.084316	79,949	6,741	69.00
69.01	03650 SPECIAL PROCEDURES	0.216787	49,454	10,721	69.01
69.02	06901 CARDIAC REHAB	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.169403	4,212	714	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.240966	116,560	28,087	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.253111	46,785	11,842	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.231695	1,023,969	237,248	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.414308	0	0	75.00
75.01	07501 WOUND CARE	0.000000	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.429680	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1.160473	4,988	5,788	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICS	0.332109	2,242	745	90.01
90.02	09002 HOME INFUSION	0.005838	0	0	90.02
91.00	09100 EMERGENCY	0.134154	162,058	21,741	91.00
91.01	09101 SLEEP LAB	0.251555	5	1	91.01
91.02	09102 BRONCH & GASTRO LAB	0.191915	1,203	231	91.02
91.03	09103 SURGICENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.193361	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,747,771	1,995,729	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)		6,747,771		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/8/2021 2:13 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			45,932,308	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			18,648,200	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)			1,037,939	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			703,795	2.04
3.00	Managed Care Simulated Payments			51,786,985	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			375.98	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)			29.04	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.			1.75	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)			27.29	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			74.53	10.00
11.00	FTE count for residents in dental and podiatric programs.			7.45	11.00
12.00	Current year allowable FTE (see instructions)			34.74	12.00
13.00	Total allowable FTE count for the prior year.			33.74	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.			33.26	14.00
15.00	Sum of lines 12 through 14 divided by 3.			33.91	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			33.91	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.090191	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.090327	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.090191	21.00
22.00	IME payment adjustment (see instructions)			3,103,029	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			2,488,313	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).			25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			47.24	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)			25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.066493	26.00
27.00	IME payments adjustment factor. (see instructions)			0.017434	27.00
28.00	IME add-on adjustment amount (see instructions)			1,125,897	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			902,854	28.01
29.00	Total IME payment (sum of lines 22 and 28)			4,228,926	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,391,167	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.06	30.00
31.00	Percentage of Medicaid patient days (see instructions)			28.54	31.00
32.00	Sum of lines 30 and 31			33.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)			16.94	33.00
34.00	Disproportionate share adjustment (see instructions)			2,734,984	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521
35.01	Factor 3 (see instructions)		0.000833011	0.001009052
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,956,141	8,365,056
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,207,604	2,108,454
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,316,058	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		80,602,210	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		83,993,377	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,915,041	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).		1,658,152	52.00
53.00	Nursing and Allied Health Managed Care payment		13,326	53.00
54.00	Special add-on payments for new technologies		381,200	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).		50,332	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		57,070	58.00
59.00	Total (sum of amounts on lines 49 through 58)		92,068,498	59.00
60.00	Primary payer payments		80,249	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		91,988,249	61.00
62.00	Deductibles billed to program beneficiaries		5,747,104	62.00
63.00	Coinurance billed to program beneficiaries		206,800	63.00
64.00	Allowable bad debts (see instructions)		1,701,707	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,106,110	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		901,773	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		87,140,455	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-134,471	70.93
70.94	HRR adjustment amount (see instructions)		-279,596	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		86,726,388	71.00
71.01	Sequestration adjustment (see instructions)		572,394	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		86,034,705	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		119,289	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,943,769	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	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	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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/8/2021 2:13 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,932,308	0	45,932,308		45,932,308	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,648,200	0		18,648,200	18,648,200	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,037,939	0	1,037,939		1,037,939	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	703,795	0		703,795	703,795	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	51,786,985	0	37,200,035	14,586,950	51,786,985	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090191	0.090191	0.090191	0.090191		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,103,029	0	2,207,002	896,027	3,103,029	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,488,313	0	1,787,425	700,888	2,488,313	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.017434	0.017434	0.017434	0.017434		7.00
8.00	IME adjustment (see instructions)	28.00	1,125,897	0	800,784	325,113	1,125,897	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	902,854	0	648,545	254,309	902,854	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,228,926	0	3,007,786	1,221,140	4,228,926	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,391,167	0	2,435,970	955,197	3,391,167	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1694	0.1694	0.1694	0.1694		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,734,984	0	1,945,233	789,751	2,734,984	11.00
11.01	Uncompensated care payments	36.00	7,316,058	0	5,207,604	2,108,454	7,316,058	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	80,602,210	0	57,130,870	23,471,340	80,602,210	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	83,993,377	0	59,566,840	24,426,537	83,993,377	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,915,041	0	-1,668,328	7,583,369	5,915,041	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/8/2021 2:13 pm

		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	381,200	0	22,418	358,783	381,201
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	57,920,930	32,368,689	90,289,619
		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	5,021,075	0	-1,409,150	6,430,225	5,021,075
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	255,285	0	-79,934	335,219	255,285
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0568	0.0568	0.0568	0.0568	
23.00	Indirect medical education adjustment (see instructions)	6.00	285,197	0	-80,040	365,237	285,197
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0704	0.0704	0.0704	0.0704	
25.00	Disproportionate share adjustment (see instructions)	11.00	353,484	0	-99,204	452,688	353,484
26.00	Total prospective capital payments (see instructions)	12.00	5,915,041	0	-1,668,328	7,583,369	5,915,041
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/8/2021 2:13 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,932,308	45,932,308		45,932,308	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,648,200		18,648,200	18,648,200	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,037,939	1,037,939		1,037,939	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	703,795		703,795	703,795	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	51,786,985	37,200,035	14,586,950	51,786,985	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090191	0.090191	0.090191		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,103,029	2,207,002	896,027	3,103,029	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,488,313	1,787,425	700,888	2,488,313	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.017434	0.017434	0.017434		7.00
8.00	IME adjustment (see instructions)	28.00	1,125,897	800,784	325,113	1,125,897	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	902,854	648,545	254,309	902,854	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,228,926	3,007,786	1,221,140	4,228,926	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,391,167	2,435,970	955,197	3,391,167	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1694	0.1694	0.1694		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,734,984	1,945,233	789,751	2,734,984	11.00
11.01	Uncompensated care payments	36.00	7,316,058	5,207,604	2,108,454	7,316,058	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	80,602,210	57,130,870	23,471,340	80,602,210	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	83,993,377	59,566,840	24,426,537	83,993,377	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,915,041	-1,668,328	7,583,369	5,915,041	16.00
17.00	Special add-on payments for new technologies	54.00	381,200	22,418	358,782	381,200	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			57,920,930	32,368,688	90,289,618	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/8/2021 2:13 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,021,075	-1,409,150	6,430,225	5,021,075	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	255,285	-79,934	335,219	255,285	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0568	0.0568	0.0568		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	285,197	-80,040	365,237	285,197	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0704	0.0704	0.0704		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	353,484	-99,204	452,688	353,484	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,915,041	-1,668,328	7,583,369	5,915,041	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-134,471	-123,191	-11,280	-134,471	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-279,596	-78,122	-201,474	-279,596	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		130,755	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		67,520,544	2.00
3.00	OPPS payments		48,973,269	3.00
4.00	Outlier payment (see instructions)		259,643	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		41,499	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		130,755	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		562,735	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)		562,735	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)		562,735	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		431,980	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)		130,755	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)		49,274,411	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		63	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,973,090	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)		40,432,013	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,131,110	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)		41,563,123	30.00
31.00	Primary payer payments		17,993	31.00
32.00	Subtotal (line 30 minus line 31)		41,545,130	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)		2,316,711	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,505,862	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,009,474	36.00
37.00	Subtotal (see instructions)		43,050,992	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-237	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)		43,051,229	40.00
40.01	Sequestration adjustment (see instructions)		284,138	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		42,844,888	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)		-77,797	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: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/8/2021 2:13 pm
		Component CCN: 14-T091		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		86	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,115	2.00
3.00	OPPS payments		347	3.00
4.00	Outlier payment (see instructions)		0	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)		86	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		371	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)		371	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)		371	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		285	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)		86	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)		347	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)		34	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)		399	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)		399	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		399	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)		399	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		399	40.00
40.01	Sequestration adjustment (see instructions)		3	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		409	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)		-13	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/8/2021 2:13 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		85,220,689		42,557,929	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	04/28/2020	214,465	04/28/2020	137,317	3.01
3.02		11/25/2020	599,551	11/25/2020	149,642	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)		814,016		286,959	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)		86,034,705		42,844,888	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		119,289		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		77,797	6.02
7.00	Total Medicare program liability (see instructions)		86,153,994		42,767,091	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: 14-0091
 Component CCN: 14-T091

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/8/2021 2:13 pm

		Title XVIII		Subprovider - IRF		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						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		3,352,314		409		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)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/25/2020	7,349		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)		7,349		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)		3,359,663		409		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		8,164		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		13		6.02
7.00	Total Medicare program liability (see instructions)		3,367,827		396		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,813,797 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0266 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			234,389 3.00
4.00	Outlier Payments			404,766 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			15.352459 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,452,952 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,452,952 17.00
18.00	Primary payer payments			5,710 18.00
19.00	Subtotal (line 17 less line 18).			3,447,242 19.00
20.00	Deductibles			5,632 20.00
21.00	Subtotal (line 19 minus line 20)			3,441,610 21.00
22.00	Coinsurance			54,912 22.00
23.00	Subtotal (line 21 minus line 22)			3,386,698 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,928 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,203 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,389,901 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			301 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,390,202 32.00
32.01	Sequestration adjustment (see instructions)			22,375 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,359,663 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			8,164 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			404,766 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/8/2021 2:13 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.35	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.85	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			27.50	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			74.73	6.00
7.00	Enter the lesser of line 5 or line 6			27.50	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	47.53	27.12	74.65	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	17.49	9.98	27.47	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.70		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		7.45		10.01
11.00	Total weighted FTE count	17.49	16.68		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.04	11.19		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	22.36	10.43		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	20.63	12.77		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	20.63	12.77		17.00
18.00	Per resident amount	90,191.15	90,191.15		18.00
19.00	Approved amount for resident costs	1,860,643	1,151,741	3,012,384	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			47.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.97	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			106,275.24	23.00
24.00	Multiply line 22 time line 23			2,653,693	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,666,077	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	33,378	25,430		26.00
27.00	Total Inpatient Days (see instructions)	115,846	115,846		27.00
28.00	Ratio of inpatient days to total inpatient days	0.288124	0.219516		28.00
29.00	Program direct GME amount	1,632,533	1,243,795	2,876,328	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		87,066	87,066	30.00
31.00	Net Program direct GME amount			2,789,262	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Hospital	PPS
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		99,295,733	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		85,959	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		99,209,774	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		67,694,999	42.00
43.00	Primary payer payments (see instructions)		18,836	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		67,676,163	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		166,885,937	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.594477	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.405523	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,789,262	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,658,152	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,131,110	50.00

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

Provider CCN: 14-0091

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

Worksheet G

Date/Time Prepared:
7/8/2021 2:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-26,138,064	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	164,400,552	0	0	0	4.00
5.00	Other receivable	13,385,229	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-66,914,268	0	0	0	6.00
7.00	Inventory	11,402,469	0	0	0	7.00
8.00	Prepaid expenses	13,431,132	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)	109,567,050	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	652,707	0	0	0	13.00
14.00	Accumulated depreciation	-650,063	0	0	0	14.00
15.00	Buildings	13,437,072	0	0	0	15.00
16.00	Accumulated depreciation	-139,014	0	0	0	16.00
17.00	Leasehold improvements	1,063,333	0	0	0	17.00
18.00	Accumulated depreciation	-738,360	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	717,028	0	0	0	21.00
22.00	Accumulated depreciation	-329,427	0	0	0	22.00
23.00	Major movable equipment	220,060,984	0	0	0	23.00
24.00	Accumulated depreciation	-152,342,858	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	81,731,402	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,261,730	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,261,730	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	192,560,182	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	32,230,810	0	0	0	37.00
38.00	Salaries, wages, and fees payable	56,492,264	0	0	0	38.00
39.00	Payroll taxes payable	3,454	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	401,432	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	-129,871,017	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-40,743,057	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	867,344	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	867,344	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-39,875,713	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	232,435,895	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)	232,435,895	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	192,560,182	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0091

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

Worksheet G-1

Date/Time Prepared:
7/8/2021 2:13 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		207,036,806		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		181,994,786				2.00
3.00	Total (sum of line 1 and line 2)		389,031,592		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		389,031,592		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET AFFILIATE TRANSFERS	156,595,697		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)		156,595,697		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		232,435,895		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	NET AFFILIATE TRANSFERS		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: 14-0091

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	328,044,404		328,044,404	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	18,486,854		18,486,854	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	346,531,258		346,531,258	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
11.01	NEONATAL ICU	36,000,600		36,000,600	11.01
12.00	CORONARY CARE UNIT	38,639,212		38,639,212	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	43,047,723		43,047,723	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	117,687,535		117,687,535	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	464,218,793		464,218,793	17.00
18.00	Ancillary services	1,024,902,940	1,471,318,880	2,496,221,820	18.00
19.00	Outpatient services	77,020,382	734,777,158	811,797,540	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		11,563,701	11,563,701	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	14,104,913	14,104,913	26.00
27.00	PRO FEES	16,194,122	118,846,711	135,040,833	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,582,336,237	2,350,611,363	3,932,947,600	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		898,460,033		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)		898,460,033		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0091

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

Worksheet G-3

Date/Time Prepared:
7/8/2021 2:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,932,947,600	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,894,187,491	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,038,760,109	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	898,460,033	4.00
5.00	Net income from service to patients (line 3 minus line 4)	140,300,076	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,260,227	6.00
7.00	Income from investments	2	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	0	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	22,805	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	167,299	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	1,787	21.00
22.00	Rental of hospital space	149,384	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	13,364,723	24.00
24.01	IMMATERIAL VARIANCE	1	24.01
24.50	COVID-19 PHE Funding	22,728,482	24.50
25.00	Total other income (sum of lines 6-24)	41,694,710	25.00
26.00	Total (line 5 plus line 25)	181,994,786	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	181,994,786	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0091
HHA CCN: 14-7241
Period: From 01/01/2020 To 12/31/2020
Worksheet H
Date/Time Prepared: 7/8/2021 2:13 pm

				Home Health Agency I		PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
		1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0
2.00	Capital Related - Movable Equipment			0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0	0
4.00	Transportation	0	0	0	0	0	0
5.00	Administrative and General	1,367,077	355,225	15,427	342,589	1,324,689	3,405,007
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,315,542	767,297	201,747	12	16,504	4,301,102
7.00	Physical Therapy	2,173,079	504,006	191,776	0	9,359	2,878,220
8.00	Occupational Therapy	740,546	183,400	77,481	0	6,250	1,007,677
9.00	Speech Pathology	317,437	78,945	40,839	0	625	437,846
10.00	Medical Social Services	30,880	7,904	4,605	0	0	43,389
11.00	Home Health Aide	149,586	52,919	29,497	0	214	232,216
12.00	Supplies (see instructions)	0	0	0	0	222,824	222,824
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	8,094,147	1,949,696	561,372	342,601	1,580,465	12,528,281
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
		7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-1,473,281	1,931,726	-53,881	1,877,845		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	4,301,102	0	4,301,102		6.00
7.00	Physical Therapy	0	2,878,220	0	2,878,220		7.00
8.00	Occupational Therapy	0	1,007,677	0	1,007,677		8.00
9.00	Speech Pathology	0	437,846	0	437,846		9.00
10.00	Medical Social Services	0	43,389	0	43,389		10.00
11.00	Home Health Aide	0	232,216	0	232,216		11.00
12.00	Supplies (see instructions)	-222,824	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-1,696,105	10,832,176	-53,881	10,778,295		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,877,845	0	0	0	0	1,877,845	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,301,102	0	0	0	0	4,301,102	6.00
7.00	Physical Therapy	2,878,220	0	0	0	0	2,878,220	7.00
8.00	Occupational Therapy	1,007,677	0	0	0	0	1,007,677	8.00
9.00	Speech Pathology	437,846	0	0	0	0	437,846	9.00
10.00	Medical Social Services	43,389	0	0	0	0	43,389	10.00
11.00	Home Health Aide	232,216	0	0	0	0	232,216	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	10,778,295	0	0	0	0	10,778,295	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,877,845						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	907,461	5,208,563					6.00
7.00	Physical Therapy	607,255	3,485,475					7.00
8.00	Occupational Therapy	212,603	1,220,280					8.00
9.00	Speech Pathology	92,378	530,224					9.00
10.00	Medical Social Services	9,154	52,543					10.00
11.00	Home Health Aide	48,994	281,210					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		10,778,295					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,877,845	8,900,450
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	4,301,102	6.00
7.00	Physical Therapy	0	0	0	0	2,878,220	7.00
8.00	Occupational Therapy	0	0	0	0	1,007,677	8.00
9.00	Speech Pathology	0	0	0	0	437,846	9.00
10.00	Medical Social Services	0	0	0	0	43,389	10.00
11.00	Home Health Aide	0	0	0	0	232,216	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,877,845	8,900,450
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,877,845
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.210983

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

Home Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	2	74,250	0	0	0	1.00
2.00	Skilled Nursing Care	5,208,563	0	0	0	0	0	2.00
3.00	Physical Therapy	3,485,475	0	0	0	0	0	3.00
4.00	Occupational Therapy	1,220,280	0	0	0	0	0	4.00
5.00	Speech Pathology	530,224	0	0	0	0	0	5.00
6.00	Medical Social Services	52,543	0	0	0	0	0	6.00
7.00	Home Health Aide	281,210	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	10,778,295	2	74,250	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	23,208	0	97,460	39,741	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,208,563	2,123,880	0	2.00
3.00	Physical Therapy	0	0	0	3,485,475	1,421,262	0	3.00
4.00	Occupational Therapy	0	0	0	1,220,280	497,590	0	4.00
5.00	Speech Pathology	0	0	0	530,224	216,208	0	5.00
6.00	Medical Social Services	0	0	0	52,543	21,425	0	6.00
7.00	Home Health Aide	0	0	0	281,210	114,668	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	23,208	0	10,875,755	4,434,774	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

Home Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	2,442	0	1,220	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,442	0	1,220	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	451	28,389	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	451	28,389	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00					
1.00	Administrative and General	0	0	0	169,703	0	169,703	1.00
2.00	Skilled Nursing Care	0	0	0	7,332,443	0	7,332,443	2.00
3.00	Physical Therapy	0	0	0	4,906,737	0	4,906,737	3.00
4.00	Occupational Therapy	0	0	0	1,717,870	0	1,717,870	4.00
5.00	Speech Pathology	0	0	0	746,432	0	746,432	5.00
6.00	Medical Social Services	0	0	0	73,968	0	73,968	6.00
7.00	Home Health Aide	0	0	0	395,878	0	395,878	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	15,343,031	0	15,343,031	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	82,011	7,414,454					2.00
3.00	Physical Therapy	54,877	4,961,614					3.00
4.00	Occupational Therapy	19,213	1,737,083					4.00
5.00	Speech Pathology	8,348	754,780					5.00
6.00	Medical Social Services	827	74,795					6.00
7.00	Home Health Aide	4,427	400,305					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	169,703	15,343,031					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.011184						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	FOUNDATION OVERHEAD (TOTAL COST)	
		BLDG & FIXT (SQ FEET FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00				4.00	
1.00	Administrative and General	90	76,162	1,370,202	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	3,272,823	0	0	0	2.00
3.00	Physical Therapy	0	0	2,181,204	0	0	0	3.00
4.00	Occupational Therapy	0	0	746,796	0	0	0	4.00
5.00	Speech Pathology	0	0	318,062	0	0	0	5.00
6.00	Medical Social Services	0	0	30,880	0	0	0	6.00
7.00	Home Health Aide	0	0	149,585	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	90	76,162	8,069,552	0	0	0	20.00
21.00	Total cost to be allocated	2	74,250	0	0	0	0	21.00
22.00	Unit cost multiplier	0.022222	0.974896	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		ADMITTING (GROSS REVENUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	11,563,701	0	0	97,460	0	90	1.00
2.00	Skilled Nursing Care	0	0	0	5,208,563	0	0	2.00
3.00	Physical Therapy	0	0	0	3,485,475	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,220,280	0	0	4.00
5.00	Speech Pathology	0	0	0	530,224	0	0	5.00
6.00	Medical Social Services	0	0	0	52,543	0	0	6.00
7.00	Home Health Aide	0	0	0	281,210	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	11,563,701	0		10,875,755	0	90	20.00
21.00	Total cost to be allocated	23,208	0		4,434,774	0	2,442	21.00
22.00	Unit cost multiplier	0.002007	0.000000		0.407767	0.000000	27.133333	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pmHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	90	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	90	0	0	0	0	20.00
21.00	Total cost to be allocated	0	1,220	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	13.555556	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	21.00	
1.00	Administrative and General	0	2,364	11,563,701	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,364	11,563,701	0	0	0	20.00
21.00	Total cost to be allocated	0	451	28,389	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.190778	0.002455	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00			
1.00	Administrative and General	0	0		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0		20.00
21.00	Total cost to be allocated	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	7,414,454		7,414,454	19,521	379.82	1.00
2.00	Physical Therapy	3.00	4,961,614	0	4,961,614	19,603	253.10	2.00
3.00	Occupational Therapy	4.00	1,737,083	0	1,737,083	6,710	258.88	3.00
4.00	Speech Pathology	5.00	754,780	0	754,780	2,335	323.25	4.00
5.00	Medical Social Services	6.00	74,795		74,795	168	445.21	5.00
6.00	Home Health Aide	7.00	400,305		400,305	3,391	118.05	6.00
7.00	Total (sum of lines 1-6)		15,343,031	0	15,343,031	51,728		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		14010	0	980			8.00
8.01	Skilled Nursing Care		16580	0	2,340			8.01
8.02	Skilled Nursing Care		19180	0	976			8.02
8.03	Skilled Nursing Care		19500	0	3			8.03
8.04	Skilled Nursing Care		37900	0	236			8.04
8.05	Skilled Nursing Care		99914	0	3,144			8.05
9.00	Physical Therapy		14010	0	1,268			9.00
9.01	Physical Therapy		16580	0	2,660			9.01
9.02	Physical Therapy		19180	0	1,362			9.02
9.03	Physical Therapy		19500	0	2			9.03
9.04	Physical Therapy		37900	0	202			9.04
9.05	Physical Therapy		99914	0	2,570			9.05
10.00	Occupational Therapy		14010	0	266			10.00
10.01	Occupational Therapy		16580	0	1,037			10.01
10.02	Occupational Therapy		19180	0	326			10.02
10.03	Occupational Therapy		19500	0	0			10.03
10.04	Occupational Therapy		37900	0	38			10.04
10.05	Occupational Therapy		99914	0	792			10.05
11.00	Speech Pathology		14010	0	87			11.00
11.01	Speech Pathology		16580	0	253			11.01
11.02	Speech Pathology		19180	0	96			11.02
11.03	Speech Pathology		19500	0	0			11.03
11.04	Speech Pathology		37900	0	4			11.04
11.05	Speech Pathology		99914	0	163			11.05
12.00	Medical Social Services		14010	0	18			12.00
12.01	Medical Social Services		16580	0	18			12.01
12.02	Medical Social Services		19180	0	13			12.02
12.03	Medical Social Services		19500	0	0			12.03
12.04	Medical Social Services		37900	0	1			12.04
12.05	Medical Social Services		99914	0	35			12.05
13.00	Home Health Aide		14010	0	157			13.00
13.01	Home Health Aide		16580	0	621			13.01
13.02	Home Health Aide		19180	0	68			13.02
13.03	Home Health Aide		19500	0	0			13.03
13.04	Home Health Aide		37900	0	88			13.04
13.05	Home Health Aide		99914	0	786			13.05
14.00	Total (sum of lines 8-13)			0	20,610			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pm

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B			Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
			6.00	7.00		8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,679		0	2,916,638		1.00
2.00	Physical Therapy	0	8,064		0	2,040,998		2.00
3.00	Occupational Therapy	0	2,459		0	636,586		3.00
4.00	Speech Pathology	0	603		0	194,920		4.00
5.00	Medical Social Services	0	85		0	37,843		5.00
6.00	Home Health Aide	0	1,720		0	203,046		6.00
7.00	Total (sum of lines 1-6)	0	20,610		0	6,030,031		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	443,864	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2,916,638						1.00	
2.00	Physical Therapy	2,040,998						2.00	
3.00	Occupational Therapy	636,586						3.00	
4.00	Speech Pathology	194,920						4.00	
5.00	Medical Social Services	37,843						5.00	
6.00	Home Health Aide	203,046						6.00	
7.00	Total (sum of lines 1-6)	6,030,031						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
8.04	Skilled Nursing Care							8.04	
8.05	Skilled Nursing Care							8.05	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
9.04	Physical Therapy							9.04	
9.05	Physical Therapy							9.05	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
10.04	Occupational Therapy							10.04	
10.05	Occupational Therapy							10.05	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
11.04	Speech Pathology							11.04	
11.05	Speech Pathology							11.05	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
12.04	Medical Social Services							12.04	
12.05	Medical Social Services							12.05	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
13.04	Home Health Aide							13.04	
13.05	Home Health Aide							13.05	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.388452	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.240966	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.231695	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 HHA CCN: 14-7241	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 7/8/2021 2:13 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	843	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	-843	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,012,731	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	260,687	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	150,561	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	10,919	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	66,053	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	4,500,108	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	4,500,108	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	4,500,108	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	4,500,108	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	4,500,108	31.00
31.01	Sequestration adjustment (see instructions)		0	19,043	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	4,481,065	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0091

Period:

Worksheet H-5

HHA CCN: 14-7241

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/8/2021 2:13 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,481,065	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			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			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. H-4, Part II, column as appropriate, line 32)		0		4,481,065	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,481,065	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	646,123	4,314,434	4,960,557	-894,272	4,066,285
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	355,139	355,139	0	355,139
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,720,391	529,565	2,249,956	0	2,249,956
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	27,252	17,955	45,207	0	45,207
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	297,406	95,884	393,290	0	393,290
34.00	SPIRITUAL COUNSELING**	30,818	9,642	40,460	0	40,460
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	273,482	146,335	419,817	0	419,817
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	96,939	15,094	112,033	0	112,033
61.00	VOLUNTEER PROGRAM *	52,270	12,797	65,067	0	65,067
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	3,144,681	5,496,845	8,641,526	-894,272	7,747,254

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/8/2021 2:13 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-21,338	4,044,947	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	355,139	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,249,956	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	45,207	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	393,290	33.00
34.00	SPIRITUAL COUNSELING**	0	40,460	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	419,817	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	112,033	60.00
61.00	VOLUNTEER PROGRAM *	0	65,067	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-21,338	7,725,916	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

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

Provider CCN: 14-0091

Period:

Worksheet 0-2

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,691,500	520,672	2,212,172	0	2,212,172	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	26,794	17,654	44,448	0	44,448	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	292,412	94,274	386,686	0	386,686	33.00
34.00	SPIRITUAL COUNSELING	30,300	9,480	39,780	0	39,780	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	268,889	143,878	412,767	0	412,767	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,309,895	785,958	3,095,853	0	3,095,853	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,212,172	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	44,448	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	386,686	33.00
34.00	SPIRITUAL COUNSELING	0	39,780	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	412,767	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,095,853	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 14-0091

Period:

Worksheet 0-3

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	1,557	479	2,036	0	2,036	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	25	16	41	0	41	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	269	87	356	0	356	33.00	
34.00	SPIRITUAL COUNSELING	28	9	37	0	37	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	248	132	380	0	380	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00	
100.00	TOTAL *	2,127	723	2,850	0	2,850	100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,036	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	41	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	356	33.00
34.00	SPIRITUAL COUNSELING	0	37	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	380	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,850	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

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

Provider CCN: 14-0091

Period:

Worksheet 0-4

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020

Date/Time Prepared:

7/8/2021 2:13 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	27,334	8,414	35,748	0	35,748	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	433	285	718	0	718	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	4,725	1,523	6,248	0	6,248	33.00
34.00	SPIRITUAL COUNSELING	490	153	643	0	643	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,345	2,325	6,670	0	6,670	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	37,327	12,700	50,027	0	50,027	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	35,748	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	718	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	6,248	33.00
34.00	SPIRITUAL COUNSELING	0	643	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	6,670	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	50,027	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 14-0091

Period:

Worksheet 0-5

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/8/2021 2:13 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	2	2	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	637	637	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	4,044,947	3,190,487	7,235,434	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	2,442	2,442	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	1,220	1,220	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	34,628	34,628	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	355,139	67,764	422,903	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,095,853	0	3,095,853	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,850	0	2,850	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	50,027	0	50,027	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	112,033	0	112,033	60.00
61.00	VOLUNTEER PROGRAM	65,067	0	65,067	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,725,916	3,297,180	11,023,096	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX		CAP REL MVBLE EQUIP		EMPLOYEE BENEFITS DEPARTMENT		SUBTOTAL	
		0		1.00		2.00		3.00		3A	
GENERAL SERVICE COST CENTERS											
1.00	CAP REL COSTS-BLDG & FIXT	2		2							1.00
2.00	CAP REL COSTS-MVBLE EQUIP	637				637					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0		0		0		0			3.00
4.00	ADMINISTRATIVE & GENERAL	7,235,434		0		637		0		7,236,071	4.00
5.00	PLANT OPERATION & MAINTENANCE	2,442		0		0		0		2,442	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0		0		0		0	6.00
7.00	HOUSEKEEPING	1,220		0		0		0		1,220	7.00
8.00	DIETARY	0		0		0		0		0	8.00
9.00	NURSING ADMINISTRATION	0		0		0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0		0		0	10.00
11.00	MEDICAL RECORDS	34,628		0		0		0		34,628	11.00
12.00	STAFF TRANSPORTATION	0		0		0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0		0		0	13.00
14.00	PHARMACY	422,903		0		0		0		422,903	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0		0		0	17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0						0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,095,853						0		3,095,853	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,850		2		0		0		2,852	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	50,027		0		0		0		50,027	53.00
NONREIMBURSABLE COST CENTERS											
60.00	BEREAVEMENT PROGRAM	112,033		0		0		0		112,033	60.00
61.00	VOLUNTEER PROGRAM	65,067		0		0		0		65,067	61.00
62.00	FUNDRAISING	0		0		0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0		0		0	65.00
66.00	RESIDENTIAL CARE	0		0		0		0		0	66.00
67.00	ADVERTISING	0		0		0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0		0		0	68.00
69.00	THRIFT STORE	0		0		0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0								0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0		0		0		0	71.00
99.00	NEGATIVE COST CENTER	0		0		0		0		0	99.00
100.00	TOTAL	11,023,096		2		637		0		11,023,096	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Descriptions		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I		
					HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	7,236,071					4.00
5.00	PLANT OPERATION & MAINTENANCE	4,666	7,108				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	2,331	0		3,551		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00	MEDICAL RECORDS	66,166	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	808,063	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	5,915,413					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,449	7,108	0	3,551	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	95,589	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	214,067	0		0		60.00
61.00	VOLUNTEER PROGRAM	124,327	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	7,236,071	7,108	0	3,551	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		100,794			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	99,102	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	91	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,601	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	100,794	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/8/2021 2:13 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	1,230,966					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,230,966	0	0		10,341,334	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	19,051	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	147,217	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		326,100	60.00
61.00	VOLUNTEER PROGRAM	0		0		189,394	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,230,966	0	0	0	11,023,096	100.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	90					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		653				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0			3.00
4.00	ADMINISTRATIVE & GENERAL	0	653	0	-7,236,071	3,787,025	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	2,442	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	1,220	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	34,628	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	422,903	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	3,095,853	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	90	0	0	0	2,852	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	50,027	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	112,033	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	65,067	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2	637	0		7,236,071	100.00
101.00	UNIT COST MULTIPLIER	0.022222	0.975498	0.000000		1.910753	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	90					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		90			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	90	0	90	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,108	0	3,551	0	0	100.00
101.00	UNIT COST MULTIPLIER	78.977778	0.000000	39.455556	0.000000	0.000000	101.00

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

Provider CCN: 14-0091
Hospice CCN: 14-1526

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

Worksheet 0-6
Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0				10.00
11.00	MEDICAL RECORDS		51,926			11.00
12.00	STAFF TRANSPORTATION			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	13.00
14.00	PHARMACY			0	0	3,300 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	51,054	0	0	3,300 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	47	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	825	0	0	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	100,794	0	0	1,230,966 100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.941109	0.000000	0.000000	373.020000 101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/8/2021 2:13 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0	0		99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0091

Period:

Worksheet 0-7

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020

Date/Time Prepared:
7/8/2021 2:13 pm

					Hospice I		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.388452	0	12,163,307	7,085	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.231695	0	3,078	2	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.087876	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.240966	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	ACUTE DIALYSIS	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.429680	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	1.160473	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service		Costs by LOC		
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	871,703	0	4,724,861	2,752	338,615	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	221	0	713	0	51	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	ACUTE DIALYSIS	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	4,725,574	2,752	338,666	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0091

Period:

Worksheet 0-8

Hospice CCN: 14-1526

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/8/2021 2:13 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			15,066,908	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			51,054	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			295.12	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	43,471	2,067		9.00
10.00	Program cost (line 8 times line 9)	12,829,162	610,013		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			21,803	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			47	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			463.89	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	41	6		14.00
15.00	Program cost (line 13 times line 14)	19,019	2,783		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			485,883	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			825	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			588.95	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	636	50		19.00
20.00	Program cost (line 18 times line 19)	374,572	29,448		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			15,574,594	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			51,926	22.00
23.00	Average cost per diem (line 21 divided by line 22)			299.94	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0091	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/8/2021 2:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,021,075	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		255,285	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)		301.17	3.00
4.00	Number of interns & residents (see instructions)		58.91	4.00
5.00	Indirect medical education percentage (see instructions)		5.68	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)		285,197	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.06	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.54	8.00
9.00	Sum of lines 7 and 8		33.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.04	10.00
11.00	Disproportionate share adjustment (see instructions)		353,484	11.00
12.00	Total prospective capital payments (see instructions)		5,915,041	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